


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90073 030 ****61.25

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1. Entity Name
GRANDE ESTATES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
27800 OLD 41
BONITA SPRINGS, FL 34135

Mailing Address
27800 OLD 41
BONITA SPRINGS, FL 34135

2. Principal Place of Business - No P.O. Box #
27180 BAY LANDING DR

3. Mailing Address
27180 BAY LANDING DR

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.
SUITE 4

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

Zip
34135

Country
USA

Zip
34135

Country
USA

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3675230

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STERLING PROPERTY SERVICES
27800 OLD 41 RD.
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name
Sterling Property Services


Street Address (P.O. Box Number is Not Acceptable)
27180 BAY LANDING DRIVE

SUITE 4

City
BONITA SPRINGS FL

Zip Code
34135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/13/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINNELL, ROBERT 19850 MARKWARD CROSSING ESTERO, FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RADJUNES, JOHN 19770 MARKWARD CROSSING ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KOVICH, JACK P.O. BOX 66 CROWN POINT, IN 46308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUIS LEON 19770 Markward Crossing Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lanell Shields 19918 Markward Crossing Estero FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ron Greenwald 19840 Markward Crossing Estero FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3-27-08** DAYTIME PHONE #: **239 947 8261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR