Aug 11, 2003 8:00 am § Secretary of State

08-11-2003 90292 015 ****61.25

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000006285

GRANDEZZA PRESERVE ASSOCIATION, INC.

Principal Plac	ce of Business	Mailing Address						
5692 STRAND		5692 STRAND BLVD. STE 1)				
NAPLES FL 34	310	NAPLES FL 34110						
							 	
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Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State Naples FL Gity & State Naples		K	30 301 3200		oplied For ot Applicable			
341	Country A	- 3410	Country 4	5. Certificate	of Status Desired	\$8.75 Add	ditional ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name	Bhan	Stock		ľ	
SALVATORI, LEO			Street Address (P.O. Box Number is Not Acceptable)					
4501 TAMIAMI TRAIL NORTH NAPLES FL 34103				on a stro	ng C+	1		
TATA DEC	12 04190		City . \			— Jin Cod	<u> </u>	
				uplus_		FL Zip38	011	
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.								
the obligations of registered agent.								
SIGNATURE Shirt State								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed hame or registered agent ar	id the il applicable. (NOTE, neg	gistered Agent aignature	roden as Milon tan blocking,				
	FILE NOW: FEE IS \$61.25	9. Election Campai	ign Financing	\$5.00 мау	Be Make Ch	neck Payable		
		9. Election Campai	ign Financing	\$5.00 May	Be Make Ch			
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$23 OFFICERS AND DIRE	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Added to Fees	Be Make Ch	neck Payable partment of S	State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP