

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001328

FILED
Apr 21, 2005
Secretary of State

Entity Name: OAKWOOD AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-1108000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, GLENN
R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEVINGTON, DOROTHY
Address: 9400 GALDIOLUS DR, STE 250
City-St-Zip: FT MYERS, FL 33908

Title: DV () Delete
Name: GULLO, VINCE
Address: 9400 GALDIOLUS DR, STE 250
City-St-Zip: FT MYERS, FL 33908

Title: DST (X) Delete
Name: KNIZNER, DAVID
Address: 9400 GALDIOLUS DR, STE 250
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTY, RICHARD
Address: 2413 SOUTH TWIN LAKE LANE
City-St-Zip: ROCKWELL CITY, IA 50579

Title: STD (X) Change () Addition
Name: WALST, ALICE
Address: 20270 CALICE COURT #801
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date