


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90091 013 ****61.25

DOCUMENT # N01000001328					
1. Entity Name OAKWOOD AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104			Mailing Address C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box # STERLING PROPERTY SERVICES Suite, Apt. #, etc. 27800 OLD 41 RD		3. Mailing Address Suite, Apt. #, etc. AS PER			
City & State BONITA SPRINGS, FL		City & State		4. FEI Number 65-1108000	
Zip 34135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, GLENN R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 AS ABOVE			7. Name and Address of Now Registered Agent		
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: <i>[Signature]</i>			DATE: 4/28/07		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME OCCHUIZZO, JACK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 20321 CALICO COURT #1704	CITY-ST-ZIP ESTERO, FL 33928		NAME	STREET ADDRESS	
TITLE STD	NAME MCCRONE, THOMAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6553 ORION RD	CITY-ST-ZIP ROCHESTER HILLS, NY 48306		NAME	STREET ADDRESS	
TITLE VPD	NAME OCCHUIZZO, REGINA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 20321 CALICO COURT # 1704	CITY-ST-ZIP ESTERO, FL 33928		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
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: <i>[Signature]</i>			DATE: 4/28/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #		

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4/28/07

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