


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-21-2008 90024 048 ****61.25

DOCUMENT # N01000001328

1. Entity Name
OAKWOOD AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
STERLING PROPERTY SERVICE
27800 OLD 41 RD
BONITA SPRINGS, FL 34135

Mailing Address
STERLING PROPERTY SERVICE
27800 OLD 41 RD
BONITA SPRINGS, FL 34135



2. Principal Place of Business - No P.O. Box #
27180 Bay Landing Dr
 Suite, Apt. #, etc.
Suite 4
 City & State
Bonita Springs, FL
 Zip
34135 Country
USA

3. Mailing Address
27180 Bay Landing Dr
 Suite, Apt. #, etc.
4
 City & State
Bonita Spgs FL
 Zip
34135 Country
USA

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1108000 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
 Street Address (P.O. Box Number is Not Acceptable)
27180 Bay Landing Dr.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 OCCHUIZZO, JACK 20321 CALICO COURT #1704 ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCRONE, THOMAS 6553 ORION RD ROCHESTER HILLS, NY 48306	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OCCHUIZZO, REGINA 20321 CALICO COURT # 1704 ESTERO, FL 33928	<input checked="" 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	PD JON HANSHOUS 20310 Calice Ct # 1204 ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DALE SULLIVAN 20241 Calice Ct # 2604 ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREG HOLTZ 20321 Calice Ct # 1702 ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:  as agent of **OAKWOOD AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.** Date **2/14/08** Time **2:39 PM**