

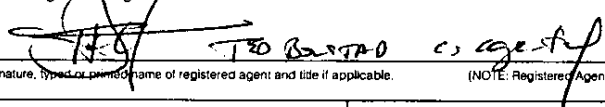
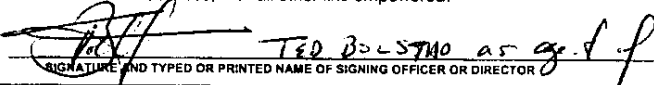


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-21-2008 90032 001 ****61.25

DOCUMENT # N01000001331 1. Entity Name OAKWOOD I AT GRANDE OAK CONDOMINIUM 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 Suite, Apt. #, etc. Suite 4		3. Mailing Address SAME 27180 Bay Landing Dr Suite, Apt. #, etc. 4		40029778 	
City & State Bonita Springs, FL Zip 34135		City & State Bonita Sprgs Zip 34135		4. FEI Number 65-1108604 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STERLING PROPERTY SERVICES 27800 OLD 41 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 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 2/14/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	PD SOLYOM, DALE 20250 CALICE COURT #603 ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRIGGS, RON 20230 CALICO COURT #404 ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD SOLTOM, DALE 49 WEST LANE LAKE BARRINGTON, IL 60010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WARD, EARL 6614 CHARRY HILL PARKWAY FORT WAYNE, IN 46835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JOE HARNDEN 20251 Calice Ct. #2502 Estero, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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:  TED BOUSH as agent 2/14/08 235/547/552 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					