

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90073 029 ****61.25

DOCUMENT # N01000001365			
1. Entity Name SANTA LUCIA AT GRANDE OAK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4306 ARNOLD AVENUE NAPLES, FL 34104		Mailing Address PO BOX 110399 NAPLES, FL 34108	
2. Principal Place of Business - No P.O. Box # 37180 Bay Landing Dr Suite, Apt. #, etc. <u>Suite 4</u> City & State <u>Bonita Springs, FL</u> Zip <u>34135</u> Country <u>USA</u>		3. Mailing Address 27180 Bay Landing Dr. Suite, Apt. #, etc. <u>Suite 4</u> City & State <u>Bonita Springs, FL</u> Zip <u>34135</u> Country <u>USA</u>	
4. FEI Number 59-3705356		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 KUETER, BEVERLY 4306 ARNOLD AVENUE NAPLES, FL 34104		7. Name and Address of New Registered Agent Name <u>Sterling Property Services</u> Street Address (P.O. Box Number is Not Acceptable) <u>27180 Bay Landing Dr</u> <u>Suite 4</u> City <u>Bonita Springs</u> FL Zip Code <u>34135</u>	
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 <u>[Signature]</u> DATE <u>2/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PISA, ROBERT 11544 AMALFI WAY ESTERO, FL 33928	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KRATOVIL, R.D. 11532 AMALFI WAY ESTERO, FL 33928	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SULLIVAN, ARAMIS 11552 AMALFI WAY ESTERO, FL 33928	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/29/08</u> Daytime Phone # _____	