


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90159 047 \*\*\*\*61.25

DOCUMENT # N01000001371

1. Entity Name  
 SARACENO AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 4980 TAMAMI TRAIL N.  
 SUITE 101  
 NAPLES, FL 34103

Mailing Address  
 4980 TAMAMI TRAIL N.  
 SUITE 101  
 NAPLES, FL 34103



2. Principal Place of Business - No P.O. Box #  
 1337 EGRETS LANDING  
 Suite, Apt. #, etc.  
 #102

3. Mailing Address  
 PO BOX 112260  
 Suite, Apt. #, etc.

City & State  
 NAPLES, FL

City & State  
 NAPLES, FL 34108

Zip  
 34108

Country  
 US

Zip  
 34108

Country  
 US

04042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-3660474

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STOCK PROPERTY MANAGEMENT, LLC  
 4980 TAMAMI TRAIL N.  
 SUITE 101  
 NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name  
 JOHN B. BLANCHARD

Street Address (P.O. Box Number is Not Acceptable)  
 1337 EGRETS LANDING  
 #102

City  
 NAPLES

State  
 FL

Zip Code  
 34108

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  JOHN B. BLANCHARD

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2007

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 SCHMIDT, ROBERT 20073 SARACEND DR. ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HALDEMAN, RICHARD 20109 SARACEND DR. ESTERO, FL 33928 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GARCIA, ROBERT 20117 SARACEND DR. ESTERO, FL 33928 <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
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	P PEROSIO, CARLOS 40080 SARACENO DR. ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMPSON, FRED 20045 SARACENO DR ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCARLETT THOMAS 20052 SARACENO DR 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

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:  JOHN B. BLANCHARD 4-7-2007 239-596-5567