

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90127 032 ****61.25

DOCUMENT # N01000006563					
1. Entity Name OAKWOOD II AT GRANDEZZA CONDOMINIUM 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 # 27800 OLD 41		3. Mailing Address 27800 OLD 41			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bonita Springs FL		City & State Bonita Springs FL		07132007 Chg-NP CR2E037 (12/06)	
Zip 34135		Zip 34135		4. FEI Number 02-0558110	
Country USA		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARROLL, GLENN R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable): 27800 OLD 41 RD 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: <i>Glenn Carroll</i> AS AGENT				DATE: 7/12/07	
Filing Fee is \$61.25 Due by September 14, 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLEARY, JOHN		NAME		
STREET ADDRESS	20280 CALICE COURT # 902		STREET ADDRESS		
CITY - ST - ZIP	ESTERO, FL 33928		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSHUS, JOHN		NAME		
STREET ADDRESS	20310 CALICE COURT #1204		STREET ADDRESS		
CITY - ST - ZIP	ESTERO, FL 33928		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLTZ, GREGORY		NAME		
STREET ADDRESS	21122 KENWOOD AVE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	ROCKY RIVER, OH 44116		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Glenn Carroll</i>			Date: 7/12/07		Date Time Phone #: 239 447 4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Date Time Phone #

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