


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90225 013 \*\*\*\*61.25

DOCUMENT # N01000006563			
1. Entity Name OAKWOOD II AT GRANDEZZA 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 # <i>27180 Bay Landing Drive</i>		3. Mailing Address <i>27180 Bay Landing Dr</i>	
Suite, Apt. #, etc. <i>Suite 4</i>		Suite, Apt. #, etc. <i>4</i>	
City & State <i>Bonita Springs, FL</i>		City & State <i>Bonita Sprys FL</i>	
Zip <i>34135</i>		Zip <i>34135</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STERLING PROPERTY SEVICES 27800 OLD 41 BONITA SPRINGS, FL 34135		Name Street Address (P.O. Box Number is Not Acceptable) <i>27180 Bay Landing Dr. Ste 4</i> City <i>Bonita Springs, FL</i> Zip Code <i>34135</i>	
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>John O'Garra</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>5/2/08</i>	
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 CLEARY, JOHN 20280 CALICE COURT # 902 ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jeanne Ruby 20280 Calice Ct. #904 Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANSHUS, JOHN 20310 CALICE COURT #1204 ESTERO, FL 33928 <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	VPD HOLTZ, GREGORY 21122 KENWOOD AVE DRIVE ROCKY RIVER, OH 44116 <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	<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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>2/14/08</i> <small>Date</small>	
		235/9474052 <small>Office Phone #</small>	