## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000866

FILED Apr 12, 2006 Secretary of State

Entity Name: AVALON AT GRANDEZZA COMMONS ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

2055 TRADE CENTER WAY NAPLES, FL 34109

C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., SUITE 206

NAPLES, FL 34103

**Current Mailing Address:** 

New Mailing Address:

C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DRIVE, #206

C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., SUITE 206

NAPLES, FL 34103

NAPLES, FL 34103 FEI Number: 75-1632788

FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COLEMAN, KEVIN G 4001 TAMIÁMI TRAIL N., STE. 300 SOUTHWEST PROPERTY MANAGEMENT

1044 CASTELLO DR., SUITE 206

NAPLES, FL 34103

NAPLES, FL 34103

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.

SIGNATURE: STEPHEN E WILLIAMS

04/12/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete COTTER, JEFFREY J Name: Address:

2055 TRADE CENTER WAY

City-St-Zip: NAPLES, FL 34109

Title: () Delete WOOD, G. STUART Name:

Address: 2055 TRADE CENTER WAY

City-St-Zip: NAPLES, FL 34109

Title: () Delete WENDT, PETER Name:

2055 TRADE CENTER WAY Address:

City-St-Zip: NAPLES, FL 34109 (X) Change ( ) Addition

CORSI, FRANK Name:

Address: 20270 BURNSIDE PLACE, #1301

City-St-Zip: ESTERO, FL 33928

Title: (X) Change ( ) Addition

Name: GIBSON, RAYMOND C

Address: 20241 BURNSIDE PLACE, #501

City-St-Zip: ESTERO, FL 33928

Title: (X) Change ( ) Addition

STEPHENS, JOHN Name:

20200 BURNSIDE PLACE, #2002 Address:

City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK CORSI D 04/12/2006