

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90351 039 ****61.25

DOCUMENT # N02000000871

1. Entity Name
**AVALON I AT GRANDEZZA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2055 TRADE CENTER WAY
NAPLES, FL 34109**

Mailing Address
**C/O SOUTHWEST PROPERTY MGMT
1044 CASTELLO DR #206
NAPLES, FL 34103**

20049262



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
73-1632781

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, KEVIN G
4001 TAMiami TRAIL N., STE. 300
NAPLES, FL 34103**

Name **Southwest Property Management**
Street Address (P.O. Box Number is Not Acceptable)
1044 Castello Drive
Suite 206
City **Naples** FL Zip Code **34103**

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

[Signature]

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **COTTER, JEFFREY J**
STREET ADDRESS **2055 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **President** ☒ Change ☐ Addition
NAME **Walter Kellams**
STREET ADDRESS **20210 Burnside Place #1904**
CITY-ST-ZIP **Estero, FL 33**

TITLE **D** ☒ Delete
NAME **WOOD, G. STUART**
STREET ADDRESS **2055 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Richard Rmenhart**
STREET ADDRESS **20211 Burnside Place #204**
CITY-ST-ZIP **Estero, FL 33**

TITLE **D** ☒ Delete
NAME **WENDT, PETER**
STREET ADDRESS **2055 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **Vice President, Treasurer** ☒ Change ☐ Addition
NAME **Angelo Campanile**
STREET ADDRESS **20210 Burnside Place #1903**
CITY-ST-ZIP **Estero, FL 33**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-05

239 261-3440