


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90032 010 ****61.25

DOCUMENT # N02000001342

1. Entity Name
VILLA GRANDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**20072 MARKWARD CROSSING
 ESTERO, FL 33928**

Mailing Address
**20072 MARKWARD CROSSING
 ESTERO, FL 33928**

40040417



2. Principal Place of Business - No P.O. Box #
27180 BAY LANDING DR

3. Mailing Address
 Suite, Apt. #, etc.
SUITE 4

01252008 Chg-NP CR2E037 (12/06)

City & State
BONITA SPRINGS, FL

City & State

Zip
34135

Country
USA

4. FEI Number
02-0584462

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
 GREGORY W. MARLER, ESQ
 4501 MIAMI TRAIL NORTH, STE. 214
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent
 Name **STERLING PROPERTY SERVICES**
 Street Address (P.O. Box Number is Not Acceptable)
27180 BAY LANDING DRIVE, SUITE 4
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DIXDA, JOHN 20195 MARKWARD CROSSING ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIXDA, JOHN 20195 MARKWARD CROSSING ESTERO, FL 33928.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERA, KENNETH 19985 MARKWARD CROSSING ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALZER, JUDITH 20179 MARKWARD CROSSING ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCHINI, JO 20101 MARKWARD CROSSING 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	P HUGHES, THOMAS 20072 MARKWARD CROSSING ESTERO, FL 33928	<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	T MELL, HARVEY 11541 MARKWARD CROSSING ESTERO, FL 33928	<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: [Signature] as agent for Sterling Property Services 3:03:08.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #