


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

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90343 049 ****61.25

DOCUMENT # N03000004126 1. Entity Name GRANDE PRESERVE AT THE DUNES COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business C/O 5551 RIDGEWOOD DRIVE SUITE 203 NAPLES, FL 34108	Mailing Address 3050 N HORSESHOE DR #275 NAPLES, FL 34104 US
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DO NOT WRITE IN THIS SPACE

10001110



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0569588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRANT, RICHARD C 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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: _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORACE, RICHARD F 5551 RIDGEWOOD DRIVE SUITE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, GERALD F II 5551 RIDGEWOOD DRIVE SUITE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, KEITH A 5551 RIDGEWOOD DRIVE SUITE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Richard Grant* *agent* *474-00*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #