

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

04-19-2004 90304 019 ****61.25

DOCUMENT # N03000004127					
1. Entity Name GRANDE DOMINICA AT THE GRANDE PRESERVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O 5551 RIDGEWOOD DRIVE SUITE 203 NAPLES, FL 34108			Mailing Address C/O 5551 RIDGEWOOD DRIVE SUITE 203 NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address 6732 LONE OAK BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NAPLES, FL			
Zip	Country	Zip 34109	Country	4. FEI Number 05-0569583	
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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 resigning)					
Filing Fee is \$61.25 Due by May 1, 2004		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 D	NAME CORACE, RICHARD F		TITLE 	NAME 	
STREET ADDRESS 5551 RIDGEWOOD DRIVE, SUITE 203	CITY - ST - ZIP NAPLES, FL 34108		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE D	NAME GRIFFIN, GERALD F		TITLE 	NAME 	
STREET ADDRESS 5551 RIDGEWOOD DRIVE, SUITE 203	CITY - ST - ZIP NAPLES, FL 34108		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE D	NAME SHARPE, KEITH A		TITLE 	NAME 	
STREET ADDRESS 5551 RIDGEWOOD DRIVE, SUITE 203	CITY - ST - ZIP NAPLES, FL 34108		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
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TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		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:			04-07-04 (239) 592-1577		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		