

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90161 046 ****61.25

DOCUMENT # N03000004127

1. Entity Name
**GRANDE DOMINICA AT THE GRANDE PRESERVE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**295 GRANDE WAY
NAPLES, FL 34119**

Mailing Address
**3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34104**

40077879



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006

Chg-NP

CR2E037 (11/05)

4. FEI Number
05-0569583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAMER-TRIAD MGMT. GROUP, LLC.
3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

Make checks payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WHITTINGTON, RICHARD**
STREET ADDRESS **5551 RIDGEWOOD DRIVE, SUITE 203**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **VP** ☒ Delete
NAME **LEPNEW, GEORGE**
STREET ADDRESS **5551 RIDGEWOOD DRIVE, SUITE 203**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **2V** ☒ Delete
NAME **CIECKO, DANIEL**
STREET ADDRESS **5551 RIDGEWOOD DRIVE, SUITE 203**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☒ Addition
NAME **LEPNEW, GEORGE**
STREET ADDRESS **295 GRANDE WAY #603**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VP** ☒ Change ☒ Addition
NAME **CIECKO, DANIEL**
STREET ADDRESS **295 GRANDE WAY #703**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **T** ☐ Change ☒ Addition
NAME **HIRL, BERNARD**
STREET ADDRESS **295 GRANDE WAY #704**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **S** ☐ Change ☒ Addition
NAME **Mc CRADY, CHARLES**
STREET ADDRESS **295 GRANDE WAY #203**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-06