


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

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

04-28-2008 90354 004 ****61.25

DOCUMENT # N03000004127 1. Entity Name GRANDE DOMINICA AT THE GRANDE PRESERVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 295 GRANDE WAY NAPLES, FL 34119	Mailing Address 3050 N. HORSESHOE DRIVE SUITE 275 NAPLES, FL 34104
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40084973



04082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0569583	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 KRAMER-TRIAD MGMT. GROUP, LLC. 3050 N. HORSESHOE DRIVE SUITE 275 NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEPNEW, GEORGE 295 GRANDE WAY 603 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIECKO, DANIEL 295 GRANDE WAY 703 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIRL, BERNARD 295 GRANDE WAY 704 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCRAY, CHARLES 295 GRANDE WAY 203 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HYDUK, BUD 295 GRANDE WAY NAPLES, FL 34110
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: *Michael J. Harris Agent* 4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #