2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-25-2005 90225 041 ****61.25

66018306

DOCUMENT # N04000001902

1. Entity Name
SAVONA AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5692 STRAND CT SUITE 1 NAPLES, FL 34110	5692 STRAND CT SUITE 1 NAPLES, FL 34110

03172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4501 Tamiami Trail North	Same
Suite, Apt. #, etc. #300	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State
Zip: 34103 Country: COLLIER	Zip Country

4. FEI Number: 57-1200619 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRABINSKI, MATTHEW L 4001 TAMIAMI TRAIL N #300 NAPLES, FL 34103	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: MATTHEW GRABINSKI, AGENT 4-5-05
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, 2005

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	PD BLACK, BRAD ~~5692 STRAND CT SUITE 1~~ ~~NAPLES, FL 34110~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4501 Tamiami Trail No. #300 NAPLES, FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEBER, BETH ~~5692 STRAND CT SUITE 1~~ ~~NAPLES, FL 34110~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4501 Tamiami Trail No. #300 NAPLES, FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOULDSWORTH, SANDY ~~5692 STRAND CT SUITE 1~~ ~~NAPLES, FL 34110~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4501 Tamiami Trail No. #300 NAPLES, FL 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SANDY HOULDSWORTH Sandy Houldsworth 4-5-05 239-961-9232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #