

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 009 ****61.25

DOCUMENT # N04000001902					
1. Entity Name SAVONA AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 4501 TAMIEMI TRAIL NAPLES, FL 34103 US			Mailing Address 4501 TAMIEMI TRAIL NAPLES, FL 34103 US		
2. Principal Place of Business c/o Stock Community Serv Suite, Apt. #, etc. 4980 Tamiami Trl N Ste 101		3. Mailing Address Suite, Apt. #, etc.			
City & State Naples FL		City & State		4. FEI Number 57-1200619	
Zip 34103		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01112006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent GRABINSKI, MATTHEW L 4001 TAMIAMI TRAIL N #300 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name STOCK COMMUNITY SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH, Suite 300 City NAPLES FL Zip Code 34103		
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 <u>Sandra Houldsworth U.P. LCS</u> DATE <u>1-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, BRAD 4501 TAMIEMI TRAIL., #300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Blaine Spivey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, BETH 4501 TAMIEMI TRAIL., #300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Sandra Houldsworth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOULDSWORTH, SANDY 4501 TAMIEMI TRAIL., #300 NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Valerie Schechinger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sandra Houldsworth</u>			Date <u>1-13-06</u> Daytime Phone # <u>239-261-9232</u>		