2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N04000002219

Entity Name: GRAND COVE CONDOMINIUMS OF PUNTA GORDA ISLES ASSOCIATION, INC.

Current Principal Place of Business:

3308/3311 PURPLE MARTIN DRIVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

6025 TAYLOR ROAD
SUITE 2
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 20-1040507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC
6025 TAYLOR ROAD
SUITE 2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: _____ 02/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SCHEER, JOEL
Address: 26401 EMERY ROAD
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128

Title: S/T ( ) Delete
Name: ANGIOLELLI, NICHOLAS
Address: 3308 PURPLE MARTIN DRIVE #123
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP ( ) Delete
Name: KRENZEL, DEBBIE
Address: 3308 PURPLE MARTIN DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SCHEER, JOEL
Address: 26401 EMERY ROAD
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128

Title: P (X) Change ( ) Addition
Name: ANGIOLELLI, NICHOLAS
Address: 3308 PURPLE MARTIN DRIVE #123
City-St-Zip: PUNTA GORDA, FL 33950

Title: ST (X) Change ( ) Addition
Name: KRENZEL, DEBBIE
Address: 3308 PURPLE MARTIN DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS ANGIOLELLI P 02/19/2009
Electronic Signature of Signing Officer or Director — Date