

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90069 033 ****61.25

DOCUMENT # N04000006137

1. Entity Name
GRANDE HARBOR II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8825 TAMRIAMI TRAIL EAST
NAPLES, FL 34113**

Mailing Address
**8825 TAMRIAMI TRAIL EAST
NAPLES, FL 34113**

40104746



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2601128

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WISEMAN, TAMELA EADY
300 FIFTH AVENUE SOUTH SUITE 221
NAPLES, FL 34102**

Name **Constance M. Burke**

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

1107 West Marion Avenue

City

Punta Gorda

FL

Zip Code
33950

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

Constance Burke

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, 2007**

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
**MGR
BOFF, JOSEPH D
8825 TAMRIAMI TRAIL EAST
NAPLES, FL 34113** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCC
BOBROW, JOEL
8825 TAMRIAMI TRAIL EAST
NAPLES, FL 34113** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MRG
De Lange, Luit
8825 Tamiami Trail East
Naples, FL 34113** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07

Date

239 714 8382

Daytime Phone #