

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009603

FILED
Apr 23, 2009
Secretary of State

Entity Name: SIERRA GRANDE ELEVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7010 SIERRA CLUB CIRCLE
NAPLES, FL 34113

New Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD.S
NAPLES, FL 34104

Current Mailing Address:

3365 WOODS EDGE CIRCLE
BONITA SPRINGS, FL 34134

New Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD.S
NAPLES, FL 34104

FEI Number: 26-1869102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, MICHAEL J
3365 WOODS EDGE CIRCLE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

CARROLL, GLENN
265 AIRPORT RD. S.
NAPLES, FL 34104 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: GLENN CARROLL

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STEIN, MICHAEL J
Address: 3365 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS () Delete
Name: SEIFERT, STEVE
Address: 3365 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT () Delete
Name: GLOER, DENISE
Address: 3365 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J STEIN

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date