## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009615

**Current Mailing Address:** 

Apr 17, 2008 Secretary of State

Entity Name: SIERRA GRANDE ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

7065 SIERRA CLUB CIRCLE C/O R&P PROPERTY MANAGEMENT NAPLES, FL 34113

265 AIRPORT RD S NAPLES, FL 34104

New Mailing Address:

3365 WOODS EDGE CIRCLE C/O R&P PROPERTY MANAGEMENT

265 AIRPORT RD S BONITA SPRINGS, FL 34134

NAPLES, FL 34104 35

FEI Number: 26-1091858 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEIN, MICHAEL J CARROLL, GLENN 3365 WOODS EDGE CIRCLE 265 AIRPÓRT RD S BONITA SPRINGS, FL 34134 US 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 04/17/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

STEIN, MICHAEL J STEIN, MICHAEL J Name: Name: 3365 WOODS EDGE CIRCLE Address: 3365 WOODS EDGE CIRCLE Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: Title:

() Delete (X) Change ( ) Addition Name: SEIFERT, STEVE Name: SEIFERT, STEVE

Address: 3365 WOODS EDGE CIRCLE Address: 3365 WOODS EDGE CIRCLE City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: TD (X) Change ( ) Addition GLOER, DENISE Name: GLOER, DENISE Name:

3365 WOODS EDGE CIRCLE 3365 WOODS EDGE CIRCLE Address: Address:

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

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 STEIN PD 04/17/2008