



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90087 044 \*\*\*\*61.25

<b>DOCUMENT # N07000000675</b> 1. Entity Name <b>GRAND OAKS PLAZA II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3191-B HARBOR BLVD. PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>3191-B HARBOR BLVD. PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business - No P.O. Box # <b>950 Tamiami Trail</b> Suite, Apt. #, etc. <b>Ste 101</b> City & State <b>Pt. Charlotte, FL</b> Zip <b>33953</b>		3. Mailing Address <b>950 Tamiami Trail</b> Suite, Apt. #, etc. <b>Ste 101</b> City & State <b>Pt. Charlotte, FL</b> Zip <b>33953</b>			
4. FEI Number <b>04162008</b>				Chg-NP <b>CR2E037 (12/06)</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOTITZKY, EDWARD L. 223 TAYLOR ST. PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name <b>Carol J. Dunn</b> Street Address (P.O. Box Number is Not Acceptable) <b>950 Tamiami Trail, Ste. 101</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33953</b>		
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><i>Carol J. Dunn</i></u> DATE <u>4-16-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DEGROSS, DEAN R. 989 TAMiami TRAIL PORT CHARLOTTE, FL 33953	<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	DV OSKEY, CAROL J. 3191-B HARBOR BLVD. PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Dunn, Carol J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>950 Tamiami Trail, Ste 101</b> <b>Pt. Charlotte, FL 33953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRIBORSKY, BARBARA 3191-B HARBOR BLVD. PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Priborsky Barbara J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>950 Tamiami Trail, Ste. 101</b> <b>Pt. Charlotte, FL 33953</b>	
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><i>Carol J. Dunn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-16-08 941-629-8886 <small>Date Daytime Phone #</small>		

Carol J. Dunn