
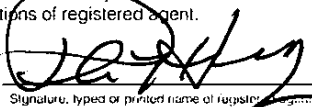
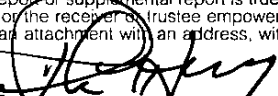


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90020 032 \*\*\*\*61.25

<b>DOCUMENT # N31726</b> 1. Entity Name <b>GRAN PARK AT PORT SALERNO OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3120 SOUTHEAST GRAN PARKWAY STUART FL 34997 US</b>			Mailing Address <b>P.O. BOX 977 PORT SALERNO FL 34992 US</b>		
2. Principal Place of Business <b>3130 SE GRAN PARK WAY</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>25-1115433</b> <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HELLRIEGEL, PHILIP L 3120 SOUTHEAST GRAN PARKWAY STUART FL 34997</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3130 SE GRAN PARK WAY</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent, or both, if applicable</small> </div> <div style="width: 30%; text-align: center;"> <b>PHILIP L. HELLRIEGEL</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>2-9-06</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<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	<b>P</b> <b>CIFERRI, MR.</b> <b>P.O. BOX 977</b> <b>PORT SALERNO FL 34992</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BECKER, MR.</b> <b>P.O. BOX 977</b> <b>PORT SALERNO FL 34992</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HELLRIEGEL, MR.</b> <b>P.O. BOX 977</b> <b>PORT SALERNO FL 34992</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLADROD, MR.</b> <b>P.O. BOX 977</b> <b>PORT SALERNO FL 34992</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLAFFENHEIN, MR.</b> <b>P.O. BOX 977</b> <b>PORT SALERNO FL 34992</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLAZIE, MR.</b> <b>P.O. BOX 977</b> <b>PORT SALERNO FL 34992</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>PHILIP L. HELLRIEGEL</b> <b>2-9-06</b> <b>772-419-2280</b>					

