

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 005 ****61.25

DOCUMENT # N31726

1. Entity Name
**GRAN PARK AT PORT SALERNO OWNERS
ASSOCIATION, INC.**



Principal Place of Business
~~3120 SOUTHEAST GRAN PARKWAY~~
STUART, FL 34997 US

Mailing Address
P.O. BOX 977
PORT SALERNO, FL 34992 US

2. Principal Place of Business - No P.O. Box #
3353 SE GRAN PARK WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **STUART, FL**

City & State

Zip **34997**

Country

Zip

Country

03172008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1115433

Applied For
Not Applicable

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

~~CIFERRI, MICHAEL F.~~
~~3353 S.E. GRAN PARK WAY~~
STUART, FL 34997

Name **CIFERRI, MICHAEL F.**

Street A **3353 SE GRAN PARK WAY**

City **STUART, FL** Zip **34997**

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

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, 2008**

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

TITLE **P** ☐ Delete
NAME **CIFERRI, MR.**
STREET ADDRESS **P.O. BOX 977**
CITY-ST-ZIP **PORT SALERNO, FL 34992**

TITLE **V** ☐ Delete
NAME **BECKER, MR.**
STREET ADDRESS **P.O. BOX 977**
CITY-ST-ZIP **PORT SALERNO, FL 34992**

TITLE **D** ☐ Delete
NAME ~~BLAZIE, DEANE~~
STREET ADDRESS **518 S. BEACH RD.**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **D** ☐ Delete
NAME ~~GLASRUO, MR.~~
STREET ADDRESS **P.O. BOX 977**
CITY-ST-ZIP **PORT SALERNO, FL 34992**

TITLE **D** ☐ Delete
NAME **GLAFENHIEN, MR.**
STREET ADDRESS **P.O. BOX 977**
CITY-ST-ZIP **PORT SALERNO, FL 34992**

TITLE **D** ☒ Delete
NAME **BLAZIE, MR.**
STREET ADDRESS **P.O. BOX 977**
CITY-ST-ZIP **PORT SALERNO, FL 34992**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **D BLAZIE, DEANE**
STREET ADDRESS **518 S BEACH RD.**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☒ Change ☐ Addition
NAME **D GLASRUO, MR.**
STREET ADDRESS **P.O. BOX 977**
CITY-ST-ZIP **PORT SALERNO, FL 34992**

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

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

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

Date

Daytime Phone #