


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90005 028 ****70.00

DOCUMENT # N95000004052	
1. Entity Name GRASSY OAKS II RESIDENTS ASSOCIATION, INC.	

Principal Place of Business 1901 S. TAMiami TRAIL VENICE, FL 34293	Mailing Address 1901 S. TAMiami TRAIL VENICE, FL 34293
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00011621



2. Principal Place of Business 637 SILK OAK DRIVE Suite, Apt. #, etc.	3. Mailing Address 637 SILK OAK DRIVE Suite, Apt. #, etc.
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01102006 Chg-NP CR2E037 (11/05)

City & State VENICE, FL	City & State VENICE, FL
Zip 34293	Zip 34293
Country	Country

4. FEI Number 65-0604348	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLOUTIER, JACQUES 1901 S. TAMiami TRAIL VENICE, FL 34293	
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7. Name and Address of New Registered Agent Name PETER COCOLLA Street Address (P.O. Box Number is Not Acceptable) 637 SILK OAK DRIVE City VENICE FL Zip Code 34293	
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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 PETER COCOLLA, TREASURER Peter Cocolla 2/1/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOUTIER, JACQUES 1901 S. TAMiami TRAIL VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLOUTIER, LINDA 1901 S. TAMiami TRAIL VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WHITE, GIANNA 1901 S. TAMiami TRAIL VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN PESTANA 652 SILK OAK DRIVE VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT LYNCH 640 SILK OAK DRIVE VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHARON BLICK 644 SILK OAK DRIVE VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PETER COCOLLA 637 SILK OAK DRIVE VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELEGATE JENNY CEREMIA 636 SILK OAK DRIVE VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: Peter Cocolla PETER COCOLLA 2/1/2006 941-408-9289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #