

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004052

FILED
Jan 30, 2009
Secretary of State

Entity Name: GRASSY OAKS II RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

637 SILK OAK DRIVE
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

637 SILK OAK DRIVE
VENICE, FL 34293 US

New Mailing Address:

637 SILK OAK DRIVE
VENICE, FL 34293

FEI Number: 65-0604348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COCOLLA, PETER
637 SILK OAK DRIVE
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PESTANA, JOHN
Address: 652 SILK OAK DRIVE
City-St-Zip: VENICE, FL 34293

Title: V () Delete
Name: LYNCH, ROBERT
Address: 640 SILK OAK DRIVE
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: BLICK, SHARON
Address: 644 SILK OAK DRIVE
City-St-Zip: VENICE, FL 34293

Title: T () Delete
Name: COCOLLA, PETER
Address: 637 SILK OAK DRIVE
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: GEREMIA, JENNY
Address: 636 SILK OAK DRIVE
City-St-Zip: VENICE, FL 34293

Title: V (X) Delete
Name: HEIDLEBERG, JAMES
Address: 669 SILK OAK DRIVE
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LYNCH, ROBERT
Address: 640 SILK OAK DRIVE
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HEIDLEBERG, JAMES
Address: 669 SILK OAK DRIVE
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER S. COCOLLA

T

01/30/2009

Electronic Signature of Signing Officer or Director

Date