

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 18, 1996 08:00 AM
Secretary of State

DOCUMENT # **713365** (5)

1. Corporation Name

GRAND PRIX APARTMENTS, INC., A CONDOMINIUM CORPORATION



Principal Place of Business: **820 KETCH DRIVE NAPLES FL 33940**
Mailing Address: **820 KETCH DRIVE NAPLES FL 33940**

3. Date Incorporated or Qualified: **09/25/1967**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1812527**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MURRAY, TROY T. 820 KETCH DR #8 NAPLES FL 33940**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Troy Murray* **Treasurer** 4-15-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV	NAME: HARRISON, CHARLES R.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 820 KETCH DR #2	CITY-ST-ZIP: NAPLES FL	1.2 NAME:	
TITLE: SVD	NAME: MELTZER, GERTRUDE H	1.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 820 KETCH DRIVE #3	CITY-ST-ZIP: NAPLES, FL 00000	1.4 CITY-ST-ZIP:	
TITLE: DT	NAME: MURRAY, TROY T	2.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 820 KETCH DRIVE #8	CITY-ST-ZIP: NAPLES, FL 00000	2.2 NAME:	
TITLE: PDT	NAME: MARTIN, HELEN T.	2.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 820 KETCH DRIVE #6	CITY-ST-ZIP: NAPLES, FL 00000	2.4 CITY-ST-ZIP:	
TITLE: D	NAME: DREIBELBIS, WILLIAM	3.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 820 KETCH DR #3	CITY-ST-ZIP: NAPLES FL	3.2 NAME:	
TITLE: D	NAME: John Quatraro	3.3 STREET ADDRESS:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 820 Ketch Dr. - #5	CITY-ST-ZIP: Naples, Fla	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Troy Murray* **Treasurer** 4-15-96 261-0351 DATE Daytime Phone #

CR2E037 (12/95)