

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90068 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713365

1. Corporation Name
GRAND PRIX APARTMENTS, INC., A CONDOMINIUM CORPORATION

Principal Place of Business 820 KETCH DRIVE NAPLES FL 34103 US	Mailing Address 820 KETCH DRIVE NAPLES FL 34103 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/25/1967
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1812527
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	

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 MARTIN, HELEN T. 82 Street Address (P.O. Box Number is Not Acceptable) 820 KETCH DR #6 83 NAPLES, FL 84 City FL 85 Zip Code 34103
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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 *Helen T. Martin* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, CHARLES R.	1.2 NAME	
STREET ADDRESS	932 MARBLEHEAD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIROLAMO, JOS	2.2 NAME	
STREET ADDRESS	95 HARBOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BCH FL 34786	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, TROY T	3.2 NAME	
STREET ADDRESS	820 KETCH DRIVE #8	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	3.4 CITY-ST-ZIP	
TITLE	PDT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, HELEN T.	4.2 NAME	
STREET ADDRESS	820 KETCH DRIVE #6	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUATRARO, JOHN	5.2 NAME	
STREET ADDRESS	820 KETCH DR, #5	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Helen T. Martin* SIGNATURE REQUIRED: *Helen T. Martin* 941-261-1725/99 Daytime Phone # 5832

CR2E037 (1/198)