

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90140 002 ****61.25

DOCUMENT # 713365

1. Entity Name

GRAND PRIX APARTMENTS, INC., A CONDOMINIUM CORPORATION

Principal Place of Business

Mailing Address

820 KETCH DRIVE
 NAPLES FL 34103

820 KETCH DRIVE
 NAPLES FL 34103
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1812527

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MARTIN, HELEN T
820 KETCH DR. #6
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	HARRISON, CHARLES R.	
STREET ADDRESS	932 MARBLEHEAD DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	GIROLAMO, JOS	
STREET ADDRESS	95 HARBOR DR	
CITY-ST-ZIP	BELLEAIR.BCH.FL. 34786	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DERMODY, PADDY	
STREET ADDRESS	820 KETCH DR # 1	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	MARTIN, HELEN T.	
STREET ADDRESS	820 KETCH DRIVE #6	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUATRARO, JOHN	
STREET ADDRESS	820 KETCH DR, #5	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

HELEN T. MARTIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/02
 Date

941-261-5032
 Daytime Phone #

CR2E037 (9/01)