


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90156 044 ****61.25

DOCUMENT # 713365			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address 820 Ketch Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 4	
City & State		City & State Naples, FL	
Zip	Country	Zip	Country
34103	USA	34103	USA
4. FEI Number 59-1812527		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$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: <u>Madic, Alice H.</u> Street Address (P.O. Box Number is Not Acceptable) 820 Ketch Dr. #4 City: <u>Naples</u> FL Zip Code: <u>34103</u>	
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: <u>Alice H. Madic</u>		DATE: <u>4/6/05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DVP NAME: LAWSON, TIM STREET ADDRESS: 820 KETCH DR. #7 CITY-ST-ZIP: NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: LARSON, Tim STREET ADDRESS: 820 Ketch Dr. #7 CITY-ST-ZIP: Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GIROLAMO, JOS STREET ADDRESS: 95 HARBOR DR CITY-ST-ZIP: BELLEAIR BCH, FL 34786	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Debra Spence, Debra STREET ADDRESS: 820 Ketch Dr. #6 CITY-ST-ZIP: Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: GIRCLAMO, LYNN STREET ADDRESS: 95 HARBOR DRIVE CITY-ST-ZIP: BELLEAIR BEACH, FL 34786	<input checked="" type="checkbox"/> Delete	TITLE: S/F NAME: Madic, Alice STREET ADDRESS: 820 Ketch Dr. #4 CITY-ST-ZIP: Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MARTIN, HELEN T. STREET ADDRESS: 820 KETCH DRIVE #6 CITY-ST-ZIP: NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Alice Madic</u>		DATE: <u>4/6/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>239-435-1730</u>	