

02-06-2003 90073 025 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-1812527**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARTIN, HELEN T  
 820 KETCH DR. #6  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (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 **Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	NAME: VICE PRES. TIM LAWSON	STREET ADDRESS: 820 KETCH DR. #7	CITY-ST-ZIP: NAPLES FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: SEC. LYNN GIROLAMO	STREET ADDRESS: 95 HARBOR DR.	CITY-ST-ZIP: BELLEAIR, BCH, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<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: *Helen T. Martin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **02/04/03**  
 Daytime Phone #

CR2E037 (10/02)