

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90081 026 \*\*\*\*61.25

**DOCUMENT # 756084**

1. Entity Name

**GRAMERCY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2777 GULF SHORE BLVD NO  
 NAPLES FL 34103  
 US

2777 GULF SHORE BLVD NO  
 NAPLES FL 34103  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2074345**

Applied For

Not Applicable

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

SWALM III, JOHN M., ESQ.  
 600 FIFTH AVENUE, SOUTH  
 NAPLES FL 33940

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHIPPS, BYRON M	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ROUSE, WILLIAM L JR	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEAL, THOMAS D	
STREET ADDRESS	2777 GULF SHORE BLVD, N	
CITY-ST-ZIP	NAPLES FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	NETHERTON, WILLIAM R	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, CASE C	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, WILLIAM L.	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES, FL	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, THOMAS D.	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES, FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, WARD C.	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES, FL	
TITLE	ATD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, F. EVERETT	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES, FL	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETHERTON, WILLIAM R.	
STREET ADDRESS	2777 GSBN	
CITY-ST-ZIP	NAPLES, FL	
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 WILLIAM L. ROUSE, JR.

2/28/01

941-263-0031

Day

Daytime Phone #

CR2007 (10/00)