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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43614 (9)

1. Corporation Name

GRAND PALM VILLAGE AT THE VINES CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business

Mailing Address

12734 KENWOOD LANE
32
FT MYERS FL 33907
US

12734 KENWOOD LANE
32
FT MYERS FL 33907-5634
US



3. Date Incorporated or Qualified
05/22/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0274562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907

24 25 26 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL FLEMING
C/O MICHAEL FLEMING & ASSOCIATES
12734 KENWOOD LANE / STE - 32
FT. MYERS FL 33907

81 Name Stephen, Peter
82 Street Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 City Fort Myers, FL 33907
5 Zip Code

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 *Peter Stilphen* PETER STILPHEN 5/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	SCHADOW, LYNNE	
STREET ADDRESS	8291-1 GRAND PALM DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	☐ DELETE
NAME	VAN KLEECK, DONALD	
STREET ADDRESS	8281-2 GRAND PALM DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	☐ DELETE
NAME	GUIDO, MARGARET	
STREET ADDRESS	8211-2 GRAND PALM DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	☒ DELETE
NAME	TEDROW, JAMES E.	
STREET ADDRESS	8290-1 GRAND PALM DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	☒ DELETE
NAME	MOUNTCASTLE, JOANN	
STREET ADDRESS	8241-2 GRAND PALM DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	STD ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DVP. ☐ Change ☒ Addition
4.2 NAME	COLLINS, ROBERT
4.3 STREET ADDRESS	8311-4 GRAND PALM DR.
4.4 CITY-ST-ZIP	FORT MYERS, FL 33907
5.1 TITLE	D ☒ Change ☒ Addition
5.2 NAME	Schwichtenberg, Jon
5.3 STREET ADDRESS	8281-4 GRAND PALM DR.
5.4 CITY-ST-ZIP	FORT MYERS, FL
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *James E. Tedrow* JAMES E. TEDROW 5/16/97 930 3141

CR2E037 (9/96)