

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90024 031 ****61.25

DOCUMENT # N45611

1. Entity Name

GRAND BAY CONDOMINIUM, INC.

Principal Place of Business

**GRAND BAY DR.
 NAPLES FL 34108
 US**

Mailing Address

**P.O. BOX 9709
 NAPLES FL 34101-9709
 US**

020120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0324917

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HART, STEPHEN P
 COLLIER FINANCIAL INC.
 4985 E. TAMiami TRAIL
 NAPLES FL 34113**

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.

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KAPETAN, PETER	
STREET ADDRESS	742 BURR STREET	
CITY-ST-ZIP	FAIRFIELD CT 66430	
TITLE	VPDT	<input checked="" type="checkbox"/> Delete
NAME	GEBBIE, DOUGLAS	
STREET ADDRESS	7936 GRAND BAY DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AUTY, JAMES (
STREET ADDRESS	7932 GRAND BAY DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOZELLE, GAIL	
STREET ADDRESS	7971 GRAND BAY DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SEBLATHIGG, GERHARD	
STREET ADDRESS	7960 GRAND BAY DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, NORWOOD	
STREET ADDRESS	7916 GRAND BAY DRIVE	
CITY-ST-ZIP	Naples FL 34108	
TITLE	ND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADFORD, PATRICIA	
STREET ADDRESS	7956 GRAND BAY DRIVE	
CITY-ST-ZIP	Naples FL 34108	
TITLE	VTB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hornung, Donald	
STREET ADDRESS	7968 GRAND BAY DRIVE	
CITY-ST-ZIP	Naples FL 34108	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBLATNIGG	
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:

Gail Lozelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

941-597-8070

Daytime Phone #

CR2E037 (10/00)