

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

DU/3500

DOCUMENT # N97000006152

1. Entity Name

GRANDE CAY RECREATION ASSOCIATION, INC.

05-14-2001 90012 036 ****61.25

Principal Place of Business

9220 BONITA BEACH RD., STE. 215
 BONITA SPRINGS FL 34145

Mailing Address

9220 BONITA BEACH RD., STE. 215
 BONITA SPRINGS FL 34145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% INTEGRATED PROPERTY MGMT
 3435 10th St N - Suite 201

3. Mailing Address

% INTEGRATED PROPERTY MGMT
 Suite 3435 10th St N - Suite 201
 Naples FL 34103

City & State **Naples FL 34103**

City & State

4. FEI Number

59-3623057

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLPERT, GREG G
 9220 BONITA BEACH RD., STE. 215
 BONITA SPRINGS FL 34145

7. Name and Address of New Registered Agent

Name **Scott D. Hennells**
 Street Address (P.O. Box Number is Not Acceptable)
Weibel & Hennells
9240 Bonita Beach Rd. # 3305
 City **Bonita Springs** **FL** Zip Code **34135**

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 Scott D. Hennells
 Signature, typed or printed name of registered agent and title if applicable.

Scott D. Hennells
 (NOTE: Registered Agent signature required when reinstating)

4/25/01
 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 NAME STREET ADDRESS CITY-ST-ZIP	DP WOLPERT, GREG G 9220 BONITA BEACH RD., STE. 215 BONITA SPRINGS FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEEKS, W. MICHAEL 9220 BONITA BEACH RD., STE. 215 BONITA SPRINGS FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFITH, R. SCOTT 9220 BONITA BEACH RD., STE. 215 BONITA SPRINGS FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DAVE 14570 Grande Cay Circle Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILL, JAN 14581 Grande Cay Circle Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWES, KATHLEEN 14541 Grande Cay Circle Ft. Myers, FL	<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
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 an order like empowered.

SIGNATURE:

JANET MCGILL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET MCGILL 4/24/01
 Date

941-434-7447
 Daytime Phone #

CR2E037 (10/00)