

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90106 026 \*\*\*\*61.25

DOCUMENT # **N97000006152**

1. Entity Name

**GRANDE CAY RECREATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% INTEGRATED PROPERTY MGMT  
 3435 10TH ST N - SUITE 201  
 NAPLES FL 34103

% INTEGRATED PROPERTY MGMT  
 3435 10TH ST N - SUITE 201  
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

*40 Henke Property Mgmt.*  
 Suite, Apt. #, etc.

*40 Henke Property Mgmt.*  
 Suite, Apt. #, etc.

*6213 Presidential Ct., Suite A*

*6213 Presidential Ct., Suite A*

City & State

City & State

*Ft. Myers, FL*

*Ft. Myers, FL*

Zip

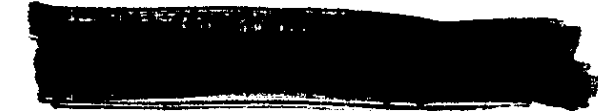
Country

Zip

Country

*33919*

*33919*



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3623057**

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

**HENNELLS, SCOTT D**  
**WEIBEL & HENNELLS**  
**3240 BONITA BEACH RD, STE 3305**  
**BONITA SPRINGS FL 34135**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, DAVE</b> <b>14570 GRANDE CAY CIRCLE</b> <b>FT MEYERS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGILL, JAN</b> <b>14581 GRANDE CAY CIRCLE</b> <b>FT MEYERS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWES, KATHLEEN</b> <b>14541 GRANDE CAY CIRCLE</b> <b>FT MEYERS FL</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Conlin, Thomas J.</b> <b>14501 Grande Cay Circle</b> <b>Ft. Myers, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Raine, Cedric</b> <b>14511 Grande Cay Circle</b> <b>Ft. Myers, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Waddell, Barry</b> <b>14550 Grande Cay Circle</b> <b>Ft. Myers, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Poppinga, Theodore</b> <b>14571 Grande Cay Circle</b> <b>Ft. Myers, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, 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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David B. Martin* **MARTIN** *4/30/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*239-481-7150*  
Date Daytime Phone #

CR20037 (9/01)