

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # <b>N97000006152</b>	
1. Entity Name <b>GRANDE CAY RECREATION ASSOCIATION, INC.</b>	
Principal Place of Business <b>C/O HENKE PROPERTY MGMT 6213 PRESIDENTIAL CT. SUITE A FORT MYERS FL 33919</b>	Mailing Address <b>C/O HENKE PROPERTY MGMT 6213 PRESIDENTIAL CT. SUITE A FORT MYERS FL 33919</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number <b>59-3623057</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HENNELLS, SCOTT D WEIBEL &amp; HENNELLS 9240 BONITA BEACH RD, STE 3305 BONITA SPRINGS FL 34135</b>		7. Name and Address of New Registered Agent	
		Name <b>Henke, Carol J</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>Henke Property Management 6213-A Presidential Court</b>	
		City <b>Fort Myers</b>	Zip Code <b>FL 33919</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol J Henke* DATE 4-22-2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>McGill, Jan</b> <b>14581 Grande Cay Cr. # 3304</b> <b>Fort 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>FORT MYERS FL 33908</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>200017849312</b> <b>05/01/03--01093--010 **61.25</b> <input checked="" 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>FORT MYERS FL 33908</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Herold, Sam</b> <b>14531 Grande Cay Cr. # 3001</b> <b>Fort 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>FORT MYERS FL 33908</b> <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>WADDELL, BARRY</b> <b>14550 GRANDE CAY CIRCLE</b> <b>FORT MYERS FL 33908</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jakubowski, Mark</b> <b>14581 Grande Cay Cir #3305</b> <b>Fort Myers, FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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: *Theodore Poppinga* DATE: 4-24-2003

**RECEIVED** **POPPINGA** **239-481-7150**

CR2E037 (10/02)