

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000002788**

1. Entity Name

GRANDE RESERVE AT PELICAN STRAND CONODMINIUM ASS

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90024 006 ****61.25

Principal Place of Business

Mailing Address

**5705 GRANDE RESERVE WAY
102
NAPLES FL 34110**

**5705 GRANDE RESERVE WAY
102
NAPLES FL 34110-2342**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Naples, FL
34108-0103**

4. FEI Number

65-0876046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, TERRI J
5705 GRANDE RESERVE WAY
102
NAPLES FL 34110**

Name

William D. White, CAM

Street Address (P.O. Box Number is Not Acceptable)

2310 Della Dr.

City

Naples, FL

FL

Zip Code

34117

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

William D. White **William D. White** **4/7/00**

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 **D** ☒ Delete
NAME **STEWART, TERRI J**
STREET ADDRESS **5075 GRANDE RESERVE WAY #102**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **DP** ☐ Change ☒ Addition
NAME **Bateman, A.L.**
STREET ADDRESS **4375 DOVER CT. Suite 102**
CITY-ST-ZIP **Naples, FL 34105**

TITLE **D** ☒ Delete
NAME **STOTT, ROSANNE**
STREET ADDRESS **2406 IVY LANE**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **DT** ☐ Change ☒ Addition
NAME **Dersch, Joyce**
STREET ADDRESS **4375 DOVER CT**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **D** ☒ Delete
NAME **BURNS, ANNA M**
STREET ADDRESS **690 29TH ST. NW**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE **MDS** ☐ Change ☒ Addition
NAME **WHITE, William D.**
STREET ADDRESS **2310 Della Dr.**
CITY-ST-ZIP **Naples, FL 34117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

WILLIAM D. WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 941-352-6780

CR2E037 (9/99)