

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90136 006 ****61.25

DOCUMENT # N97000002788

1. Entity Name

GRANDE RESERVE AT PELICAN STRAND, CONODMINIUM ASS

Principal Place of Business

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

Mailing Address

**P O BOX 110156
 NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0876046

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

**WHITE, WILLIAM D CAM
 2310 DELLA DR
 NAPLES FL 34117**

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 **DP** ☐ Delete
 NAME **BATEMAN, A L**
 STREET ADDRESS **4375 DOVER CT SUITE 102**
 CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE **DT** ☒ Delete
 NAME **DERSCH, JOYCE**
 STREET ADDRESS **4375 DOVER CT**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☒ Addition
 NAME **D White, Charles**
 STREET ADDRESS **5760 - 702 Grande Reserve Way -**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE **MDS** ☐ Delete
 NAME **WHITE, WILLIAM D**
 STREET ADDRESS **2310 DELLA DR**
 CITY-ST-ZIP **NAPLES FL 34117**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

1/9/01

Date

941-352-6780

Daytime Phone #

CR2E037 (10/00)