

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

2/1

02-14-2003 90225 004 ****61.25

DOCUMENT # N47330

1. Entity Name

GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

3150 LINDFIELDS BLVD.
KISSIMMEE FL 34747
US

Mailing Address

3201 LINDFIELDS BLVD.
KISSIMMEE FL 34747
US

2. Principal Place of Business

5401 KIRKMAN RD STE 475

3. Mailing Address

96 COMMUNITY MGMT PROF INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5401 KIRKMAN RD STE 475

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

US

Zip

32819

Country

US

4. FEI Number 59-3240728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOORE, LEE R
3201 LINDFIELDS BLVD.
KISSIMMEE FL 34747

7. Name and Address of New Registered Agent

Name

COMMUNITY MANAGEMENT PROFESSIONALS, INC

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

5401 KIRKMAN RD STE 475

City

ORLANDO

FL

Zip Code

32819

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

Lee R Moore, Pres.

(NOTE: Registered Agent signature required when reappointing)

DATE

2/24/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FREEMAN, RON	
STREET ADDRESS	3150 LINDFIELDS BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAVIN, RON	
STREET ADDRESS	3150 LINDFIELDS BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIDKEY, LYNNE	
STREET ADDRESS	3150 LINDFIELDS BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIRDE, PAM	
STREET ADDRESS	3150 LINDFIELDS BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDINGER, MICHAEL	
STREET ADDRESS	3150 LINDFIELDS BLVD	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOWDITCH, NICK	
STREET ADDRESS	3150 LINDFIELDS BLVD	
CITY-ST-ZIP	KISSIMMEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lee R Moore, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/03 407-

CR2E037 (10/02)