FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

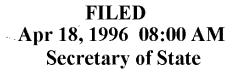
713365

(5)

GRAND PRIX APARTMENTS, INC., A CONDOMINIUM CORPO **RATION**

Principal Place of Business

Mailing Address





820 KETCH NAPLES FL		820 KETCH DRIVE NAPLES FL 33940				
				3. Date Incorporated or Qualified 09/25/1967	3a. Date of Last Report 04/27/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-1812527	Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	55.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent		
			81 Name			
MURRAY, TROY T.				Address (P.O. Box Number is Not Acceptable	Λ	
820 KETCH DR #8						
NAPLES FL 33940						
			84 City		FI 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	es, the above-named co	rporation submits this statement for the purp	ose of changing its registered office	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.						
SIGNATURE 1-15-96						
	Signature, typed by priving rame of redistance and	nt and title if applicable (NO	TE: Registered Agent signature re			
12.	DV OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	·	
NAME	HARRISON, CHARLES R.	Присси	1.1 TITLE 1.2 NAME		Change Addition	
STREET ADDRESS	820 KETCH DR #2		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP			
TITLE	SVD	DELETE	2.1 TITLE		Change Addition	
NAME	MELTZER, GERTRUDE H	_	2.2 NAME			
STREET ADDRESS	820 KETCH DRIVE #3		2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 00000		2. 4 CITY-ST-ZIP		l	
TITLE	DT	DELETE	3.1 TITLE	Treasurer	Change 🕰 Addition	
NAME	MURRAY, TROY T		3.2 NAME		_	
STREET ADDRESS	820 KETCH DRIVE #8		3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 00000		3.4. CITY - ST - ZIP			
TITLE	PDT	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	MARTIN, HELEN T.		4. 2 NAME			
STREET ADDRESS	820 KETCH DRIVE #6		4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 00000	Fibriere	4.4 CITY-ST-ZIP			
TITLE	D DEEDELDIG MALLAM	DELETE	5.1 TITLE		Change	
NAME CAREER ADDRESS	DREIBELBIS, WILLIAM		5.2 NAME			
STREET ADDRESS	820 KETCH DR #3		5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	NAPLES FL	DELETE	5.4 City-St-ZiP		[] Attack	
	D to the state of	—	6.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS	John Ontobachs (820 Ketch Dr	Quatraro	6.2 NAME			
OTTY OF THE	820 Ketch Dr	• - #5	6.3 STREET ADDRESS			
CITY-ST-ZIP	ov certify that the wind matter shall be	Swith this filing is valuatorily furni	6.4 CITY-ST-ZIP	it for the asympton stated in Castina 410.00	1000	

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if change or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: 1