

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

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

01-27-2003 90521 037 ****61.25

DOCUMENT # 753208

1. Entity Name

GRAND SHORES LESSEES ASSOCIATION, INC.



Principal Place of Business

**1301 FOURTH STREET N
P.O. BOX 27
ST. PETERSBURG FL 33731**

Mailing Address

**1301 FOURTH STREET N
P.O. BOX 27
ST. PETERSBURG FL 33731**

30011643



XX CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

757 Arlington Ave., North

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL 33701

Zip

Country

Zip

Country

4. FEI Number **59-2231850**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WALTER E. ESQ.

**~~1301 4TH STREET NORTH~~ 757 Arlington Ave., North
~~ST. PETERSBURG FL 33731~~ St. Petersburg, FL 33701**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD SMITH, WALTER E	<input type="checkbox"/> Delete
STREET ADDRESS	1301 4TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE NAME	PD PAPOLOS, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1301 4TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE NAME	TD PAPOLOS, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS	1301 4TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE NAME	VPD DELLANE, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	1301 4TH ST NO	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE NAME	D SKROBACZ, TONY	<input type="checkbox"/> Delete
STREET ADDRESS	1301 4TH ST NO	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE NAME	D VARNEY, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	1301 4TH ST NO	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	757 Arlington Avenue
CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17350 Gulf Boulevard
CITY-ST-ZIP	N. Redington Beach, FL 33708
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17350 Gulf Boulevard
CITY-ST-ZIP	N. Redington Beach, FL 33708
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17350 Gulf Boulevard
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TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17350 Gulf Boulevard
CITY-ST-ZIP	N. Redington Beach, FL 33708
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17350 Gulf Boulevard
CITY-ST-ZIP	N. Redington Beach, FL 33708

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:

SIGNATURE REQUIRED

CR2E037 (10/02)