

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**  
 03-08-2001 90116 016 \*\*\*\*61.25

002217

**DOCUMENT # N00000003116**  
 1. Entity Name  
**GRAND ISLE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business 1110 DOUGLAS AVE., #2040 ALTAMONTE SPRINGS FL 32714	Mailing Address 1110 DOUGLAS AVE., #2040 ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business 2180 WEST SR 434 Suite, Apt. #, etc. SUITE 5000 City & State LONGWOOD FL	3. Mailing Address 2180 WEST SR 434 Suite, Apt. #, etc. SUITE 5000 City & State LONGWOOD FL	4. FEI Number 59-3664767 Applied For Not Applicable
Zip 32779-5044	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KTG&S REGISTERED AGENT CORPORATION**  
 100 SE 2ND ST., STE. 2800  
 MIAMI FL 33131

7. Name and Address of New Registered Agent  
 Name  
**HART, JAMES W. JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT, INC.**  
 2180 W SR 434 STE 5000  
 City  
**LONGWOOD** FL Zip Code  
**32779-5044**

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 \_\_\_\_\_ DATE **2/20/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUDRLIK, DEBORA</b> <b>4902 EISENHOWER BLVD., STE. 289</b> <b>TAMPA FL 33634</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARTER, KATHY</b> <b>4087 U.S. HWY 1 S., STE. 3</b> <b>ROCKLEDGE FL 32955</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUFFY, ANNE</b> <b>1110 DOUGLAS AVE., #2040</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JEFFREY R SELLERS</b> <b>1110 Douglas Ave Suite 2040</b> <b>Altamonte Springs, FL 32714</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeffrey R Sellers* **President** DATE: **1/8/01** DAYTIME PHONE #: **407-682-9291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)