

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005904

1. Entity Name

GRANDE OAK MASTER PROPERTY OWNERS ASSOCIATION, I

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90492 022 ****70.00

Principal Place of Business

5645 STRAND BLVD
SUITE 3
NAPLES FL 34110

Mailing Address

5645 STRAND BLVD
SUITE 3
NAPLES FL 34110

2. Principal Place of Business

5645 STRAND BLVD

3. Mailing Address

5645 STRAND BLVD

Suite, Apt. #, etc.

SUITE #3

Suite, Apt. #, etc.

SUITE #3

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

59-3675222

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLANOS, TRUXTON & YOUNGS, P.A.
12800 UNIVERSITY DR
SUITE 240
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
BOLANOS TRUXTON + YOUNGS, P.A.
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

TITLE PD
NAME HARDY, ROBERT P
STREET ADDRESS 5645 STRAND BLVD SUITE 3
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE VD
NAME TOLSON, MARK
STREET ADDRESS 5645 STRAND BLVD SUITE 3
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE VSTD
NAME TOLSON, RENEE
STREET ADDRESS 5645 STRAND BLVD SUITE 3
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 5692 STRAND COURT, SUITE #1
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5692 STRAND COURT, SUITE #1
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5692 STRAND COURT, SUITE #1
CITY-ST-ZIP ☒ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-14-01

941-592-7344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)