

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

4/23/2003-90156-002-\$61.25-\$61.25

DOCUMENT # N02000007133

1. Entity Name

SABAL PALM III AT GRANDEZZA CONDOMINIUM ASSOCIATION, INC.



03 SEP 25 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9400 GLADIOLUS DR STE 250
FT MYERS FL 33908

Mailing Address
9400 GLADIOLUS DR STE 250
FT MYERS FL 33908



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0228858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEEPLER, C PERRY
5551 RIDGEWOOD DR STE 101
NAPLES FL 34108

Name
Andrew Service Corporation of Florida

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

Suite 2100

City
Tampa

FL

Zip Code
33602

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	D	<input type="checkbox"/> Delete
NAME	TROWBRIDGE, KERRY	
STREET ADDRESS	9400 GLADIOLUS DR STE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULLO, VINCE	
STREET ADDRESS	9400 GLADIOLUS DR STE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIZNER, DAVID	
STREET ADDRESS	9400 GLADIOLUS DR STE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

215-181-5049

Daytime Phone

CR2037 (10/02)