

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47330

1. Entity Name

GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

3150 LINDFIELDS BLVD.  
KISSIMMEE FL 34747  
US

Mailing Address

3201 LINDFIELDS BLVD.  
KISSIMMEE FL 34747  
US

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

59-3240728

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

MOORE, LEE R  
3201 LINDFIELDS BLVD.  
KISSIMMEE FL 34747

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	FREEMAN, RON	3150 LINDFIELDS BLVD.	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	LAVIN, RON	3150 LINDFIELDS BLVD	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	SIDKEY, LYNNE	3150 LINDFIELDS BLVD.	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	THIRDE, PAM	3150 LINDFIELDS BLVD.	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SCHAFER, RICHARD	3150 LINDFIELDS BLVD	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BOWDITCH, NICK	3150 LINDFIELDS BLVD	KISSIMMEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Lynne Sidkey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 407-787-0182  
Date Daytime Phone #

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90008 021 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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