

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90211 009 ****61.25

DOCUMENT # N97000003244

1. Corporation Name

**GRANDE CAY SECTION I CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business

C/O PULTE HOME CORPORATION
9220 BONITA BEACH RD SUITE 215
BONITA SPRINGS FL 34135

Mailing Address

C/O PULTE HOME CORPORATION
9220 BONITA BEACH RD SUITE 215
BONITA SPRINGS FL 34135



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

65-0828568

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WOLPERT, GREG G
C/O PULTE HOME CORPORATION
9220 BONITA BEACH RD SUITE 215
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WOLPERT, GREG G
STREET ADDRESS 9220 BONITA BEACH RD SUITE 215
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ DELETE

TITLE DST
NAME MEEKS, WILLIAM M
STREET ADDRESS 9220 BONITA BEACH RD SUITE 215
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ DELETE

TITLE DV
NAME COMEGYS, LAWRENCE S
STREET ADDRESS 9220 BONITA BEACH RD SUITE 215
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ DELETE

TITLE ~~BO Bechtel~~
NAME ~~BECHTEL~~, RICHARD
STREET ADDRESS 3435 0TH ST N, #201
CITY-ST-ZIP NAPLES FL 34103

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

3/31/99

Date

(941) 498-7711

Daytime Phone #

0084937

CR2E037 (11/98)