

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003244

1. Entity Name

GRANDE CAY SECTION I CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

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

C/O PULTE HOME CORPORATION  
9220 BONITA BEACH RD SUITE 215  
BONITA SPRINGS FL 34135-4231

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

65-0828568

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Vivenzio, Rosary  
CITY-ST-ZIP 14560 Grande Cay Circle  
Ft. Myers, FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BECHBET, RICHARD  
CITY-ST-ZIP 3435 0TH ST N, #201  
NAPLES FL 34103

TITLE ☒ Change ☐ Addition  
NAME AS  
STREET ADDRESS Bechtel, Richard  
CITY-ST-ZIP 3435 10th Street N., #201  
Naples, FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 GREG WOLPERT

4/17/00

941-434-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE