

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90048 048 \*\*\*\*61.25

0073471

**DOCUMENT # N97000003244**

1. Entity Name

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

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

3. Mailing Address

INTEGRATED PROPERTY MGMT  
 3435 10th St N - Suite 201  
 Naples FL 34103

INTEGRATED PROPERTY MGMT  
 3435 10th St N - Suite 201  
 Naples FL 34103



DO NOT WRITE IN THIS SPACE

City & State  
 Naples FL 34103

City & State  
 Naples FL 34103

4. FEI Number  
 65-0828568

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. 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

7. Name and Address of New Registered Agent

Name  
 Scott Hennells  
 Street Address (P.O. Box Number is Not Acceptable)  
 Weibel & Hennells  
 9240 Bonita Beach Rd. #3305  
 City  
 Bonita Springs FL Zip Code  
 34135

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 *Scott D. Hennells*  
 Signature, typed or printed name of registered agent and title if applicable.

*Scott D. Hennells*

*4/25/01*

(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	DP WOLPERT, GREG G 9220 BONITA BEACH RD SUITE 215 BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEEKS, WILLIAM M 9220 BONITA BEACH RD SUITE 215 BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVENZIO, ROSARY 14560 RANDE CAY CIR FT. MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BECHBET, RICHARD 3435 10TH ST N #201 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARTIN, DAVE 14570 Grande Cay Circle Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D MACH, CONNIE 14550 Grande Cay Circle Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, CONNIE 14571 Grande Cay Circle Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*DAVID B. MARTIN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/01*

Date

*941-434-7447*

Daytime Phone #

CR2E037 (10/00)