

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jul 11, 2000 8:00 am
Secretary of State

05-30-2000 90086 047 ****61.25

DOCUMENT # N97000003921

1. Entity Name

GRAND VIEW OF PARKER LAKES ONE CONDOMINIUM ASSOC

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT
 9400 GLADIOLUS DR., STE100
 FT. MYERS FL 33908
 US

C/O MARQUIS MANAGEMENT
 9400 GLADIOLUS DR., STE100
 FT. MYERS FL 33908-6698
 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

65-0768267

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

FLEMING, MICHAEL
 C/O MARQUIS MANAGEMENT-INC.
 9400 GLADIOLUS DR.,STE 100
 FT MYERS FL 33908

Name **WARREN S. JENSEN** *C/O Marquis Management Inc*
 Street Address (P.O. Box Number is Not Acceptable)
9400 Gladiolus Drive STE 100
 City **Ft Myers** FL Zip Code **33908**

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 checked="" type="radio"/> PD CRYSLER, WILLIAM 14990 VISTA VIEW WAY #102 FT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> VD HANSON, MARY ELLEN 14981 VISTA VIEW WAY #103 FT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> STD JOHNSON, MICHAEL 14980 VISTA VIEW WAY #204 FT MYERS FL 33919	<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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> President JOSEPH WALTER 14970 VISTA VIEW WAY # 305 FT. MYERS FL. 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> VICE PRESIDENT CAROL HADLEY 14971 VISTA VIEW WAY # 1003 FT. MYERS, FL. 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> STD MR. JACK FUELI 14970 VISTA VIEW WAY # 301 FT. MYERS, FL. 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> SEC CAROL HADLEY 14971 VISTA VIEW WAY # 1003 FT. MYERS, FL. 33919	<input checked="" type="checkbox"/> Change <input 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: *Joseph Walter* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2000

Date

Daytime Phone #

CR2E037 (9/99)