

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

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

Mailing Address

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

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

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRYSLER, WILLIAM 14990 VISTA VIEW WAY #102 FT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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	STD MR. JACK FUEL 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	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2000

Date

Daytime Phone #

CR2E037 (9/99)