2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2000 8:00 am
Secretary of State
05-02-2000 90053 016 ****61.25

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1. Entity Name

GRANDE CAY SECTION III CONDOMINIUM ASSOCIATION,

Principal Place of Business	Mailing Address
9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135	9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135-4231

DO NOT WRITE IN THIS SPACE

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 ~~APPLIED FOR~~ 59-3579306 ☐ 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 ROAD #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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD WOLPERT, GREG G 9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRIFFITH, R S 9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135	☒ Delete	D Newes, Kathleen 14541 Grande Cay Circle Ft. Myers, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MEEKS, WILLIAM M 9220 BONITA BEACH ROAD #215 BONITA SPRINGS FL 34135	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: SIGNATURE REQUIR Greg Wolpert 4/17/00 941-434-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #