

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000469

1. Entity Name

GRANDE CAY SECTION III CONDOMINIUM ASSOCIATION,

Principal Place of Business

9220 BONITA BEACH ROAD #215
BONITA SPRINGS FL 34135

Mailing Address

9220 BONITA BEACH ROAD #215
BONITA SPRINGS FL 34135

2. Principal Place of Business

% INTEGRATED PROPERTY MGMT
3435 10th St N - Suite 201

3. Mailing Address

% INTEGRATED PROPERTY MGMT
3435 10th St N - Suite 201

City & State Naples FL 34103

City & State Naples FL 34103

Zip

Country

Zip

Country

4. FEI Number

59-3579206

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WOLPERT, GREG G	
STREET ADDRESS	9220 BONITA BEACH ROAD #215	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MEEKS, WILLIAM M	
STREET ADDRESS	9220 BONITA BEACH ROAD #215	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWES, KATHLEEN	
STREET ADDRESS	14541 GRANDE CAY CIRCLE	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANKS, MEL	
STREET ADDRESS	14541 Grande Cay Circle	
CITY-ST-ZIP	Ft. Myers, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, RUSSELL	
STREET ADDRESS	14511 Grande Cay Circle	
CITY-ST-ZIP	Ft. Myers, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECHTEL, RICK	
STREET ADDRESS	3435-10th St. N., #201	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

941-434-7447

Daytime Phone #

00049702



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)