

1 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90374 031 ****61.25

00055870

1. Entity Name
MENT # N98000002986

GRAND VIEW OF PARKER LAKES TWO CONDOMINIUM ASSOC

Principal Place of Business: **9400 GLADIOLUS DR., SUITE 250 FT. MYERS FL 33908**
 Mailing Address: **9400 GLADIOLUS DR., SUITE 250 FT. MYERS FL 33908**

2. Principal Place of Business: **PRIME MANAGEMENT 9400 GLADIOLUS DR. #100**
 3. Mailing Address: **PRIME MANAGEMENT 9400 GLADIOLUS DR. SUITE 100**

City & State: **FORT MYERS** Zip: **33908** Country: **FL**

4. FEI Number: **65-0842955**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Prime Management
9400 Gladiolus Drive
Suite 100
Fort Myers, FL 33908

7. Name and Address of New Registered Agent
Ariene O'Neill
PRIME MANAGEMENT
9400 GLADIOLUS DR. STE 100
FORT MYERS FL 33908

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the state of Florida.

SIGNATURE: *Ariene O'Neill*

(NOTE: Registered Agent Signature required when reinstating)

DATE: **4/27/01**

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	ZUKAUKAS, RITA 1490 VISTA VIEW WAY #603 FT MYERS FL 33919	TITLE: PD	Miguel Villanueva 1490 VISTA VIEW WAY #608 FORT MYERS, FL 33919
TITLE: VD	PIERSON, KAVIK 1490 VISTA VIEW WAY #601 FT MYERS FL 33919	TITLE: VD	MARY STARKEY 1490 VISTA VIEW WAY #602 FORT MYERS, FL 33919
TITLE: STD	POST, WILMAR 1490 VISTA VIEW WAY #604 FT MYERS FL 33919	TITLE: STD	MARGE NEAL 1490 VISTA VIEW WAY #606 FORT MYERS, FL 33919
TITLE: D	STARKEY, MARY 1490 VISTA VIEW WAY #602 FT MYERS FL 33919		

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: *Miguel Villanueva*

DATE: **4/27/01**