

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90032 041 \*\*\*150.00

**DOCUMENT # P02000033077**

1. Entity Name

GRANDE COURT NORTH PORT, INC.



Principal Place of Business

701 BRICKELL AVENUE SUITE 1400  
MIAMI FL 33131-2822

Mailing Address

701 BRICKELL AVENUE SUITE 1400  
MIAMI FL 33131-2822

2. Principal Place of Business

703 Waterford Way

3. Mailing Address

703 Waterford Way

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

Zip

33126

Country



MOORE

CR2E034 (11/03)

4. FEI Number

01-0678558

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

STOSIK, VICTOR L  
701 BRICKELL AVENUE SUITE 1400  
MIAMI FL 33131-2822

Name

Street Address (P.O. Box Number is Not Acceptable)

703 Waterford Way  
Suite 800

City

Miami

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PITTS, W. DOUGLAS	
STREET ADDRESS	701 BRICKELL AVENUE SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COURTELIS, KIKI L	
STREET ADDRESS	701 BRICKELL AVENUE SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE	V	<input type="checkbox"/> Delete
NAME	VASSILAROS, ELIAS	
STREET ADDRESS	701 BRICKELL AVENUE SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE	S	<input type="checkbox"/> Delete
NAME	KURPS, JAMES	
STREET ADDRESS	701 BRICKELL AVENUE SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRIDGEN, DOUGLAS H	
STREET ADDRESS	701 BRICKELL AVENUE SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131-2822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	703 Waterford Way, Suite 800
CITY-ST-ZIP	Miami, FL 33126
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	703 Waterford Way, Suite 800
CITY-ST-ZIP	Miami, FL 33126
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	703 Waterford Way, Suite 800
CITY-ST-ZIP	Miami, FL 33126
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	703 Waterford Way, Suite 800
CITY-ST-ZIP	Miami, FL 33126
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 607, 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:

*Douglas H. Pridgen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04  
Date

305-261-4330  
Daytime Phone #