

2000 UNIFORM BUSINESS REPORT (UBR)

3/14/00-90155-001-\$306.25-\$61.25

DOCUMENT # **722711**

FILED

00 APR -3 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1100J



DO NOT WRITE IN THIS SPACE

1. Entity Name

GREENWAY VILLAGE SOUTH ASSOCIATION NO.2, INC.

Principal Place of Business

Mailing Address

12028 GREENWAY CIRCLE SOUTH
ROYAL PALM BEACH FL 33411

12028 GREENWAY CIRCLE SOUTH
ROYAL PALM BEACH FL 33411-2856

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1460992

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

AULITA, LISA
12019 W GREENWAY DR
SUITE 107
ROYAL PALM BCH. FL 33411

Name

ROSARIO LANTIERE

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

12024 W. GREENWAY DR. #204

City

ROYAL PALM BEACH,

FL

Zip Code

33411

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

T Delete
NAME **BROWNSTEIN, ISRAEL**
STREET ADDRESS **12024 W GREENWAY DR, #201**
CITY-ST-ZIP **ROYAL PALM BCH. FL 33411**

TITLE **SECRETARY/D** Change Addition
NAME **SALLY TOOMEY**
STREET ADDRESS **12024 W. GREENWAY DR. #206**
CITY-ST-ZIP **ROYAL PALM BEACH, FL. 33411**

DP Delete
NAME **AULITA, LISA**
STREET ADDRESS **12019 W. GREENWAY DR. #107**
CITY-ST-ZIP **ROYAL PALM BCH. FL**

TITLE **VICE PRESIDENT/D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S Delete
NAME **LANTIERE, RUSS**
STREET ADDRESS **12024 W GREENWAY DR, #204**
CITY-ST-ZIP **ROYAL PALM BCH. FL 33411**

TITLE **PRESIDENT/D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VP Delete
NAME **GUIDA, ANGELO**
STREET ADDRESS **12028 GREENWAY CIR. SO.**
CITY-ST-ZIP **ROYAL PLM BCH FL**

TITLE **DIRECTOR** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D Delete
NAME **GLIGORA, TONY**
STREET ADDRESS **12021 W. GREENWAY DR. #203**
CITY-ST-ZIP **ROYAL PALM BCH. FL 33411**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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

2/29/00 (561)793-4717

Date

Daytime Phone #

CR2E037 (9/99)

KE