

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90732 007 ****61.25

DOCUMENT # 722711
1. Entity Name
GREENWAY VILLAGE SOUTH ASSOCIATION NO.2, INC.



Principal Place of Business
**12028 GREENWAY CIRCLE SOUTH
ROYAL PALM BEACH FL 33411**

Mailing Address
**12028 GREENWAY CIRCLE SOUTH
ROYAL PALM BEACH FL 33411**

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 **59-1460992**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALPERT, FLORENCE
12021 W GREENWAY DR # 107
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ALPERT, FLORENCE	
STREET ADDRESS	12021 W GREENWAY DR # 107	
CITY-ST-ZIP	ROYAL PALM BCH. FL 33411	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	AULITA, LISA	
STREET ADDRESS	12019 W. GREENWAY DR. #107	
CITY-ST-ZIP	ROYAL PALM BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURELLO, ANTHONY	
STREET ADDRESS	12021 W GREENWAY DR # 204	
CITY-ST-ZIP	ROYAL PALM BCH. FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUIDA, ANGELO	
STREET ADDRESS	12026 GREENWAY CIR. SO.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	SALAZAR, MARIO	
STREET ADDRESS	12022 W. GREENWAY DR., #103	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE CIARDULLO	
STREET ADDRESS	12022 W. GREENWAY DR. #104	
CITY-ST-ZIP	ROYAL PALM BEACH, FL. 33411	
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: *Florence Alpert* **ALPERT, FLORENCE** 7/21/03 (561) 793-5958

CR2E037 (10/02)