

# 2000 UNIFORM BUSINESS REPORT (UBR)

0046788

DOCUMENT # 726348

1. Entity Name

**GREENSWARD VILLAGE ONE CONDOMINIUM ASSOCIATION,**

FILED

00 JUN 26 AM 8: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |
|---|--|
| Principal Place of Business                         | Mailing Address  |
| 745 GREENSWARD COURT<br>DELRAY BEACH FL 33445<br>US | 745 GREENSWARD COURT<br>DELRAY BEACH FL 33445-9031<br>US |



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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   | Applied For                             |
| <b>59-1562476</b>   | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

**6. Name and Address of Current Registered Agent**

**BURSTEIN, RICHARD B.**  
830 GREENSWARD STREET  
H-108  
DELRAY BCH FL 33445

**7. Name and Address of New Registered Agent**

Name

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

City

800003315738-1  
-07/07/00-01012-0105  
\*\*\*\*61.2FL\*\*\*\*61.25

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

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

**10. OFFICERS AND DIRECTORS**

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | VPD                   | <input type="checkbox"/> Delete |
| NAME           | TURNER, EDWARD        |                                 |
| STREET ADDRESS | 730 GREENSWARD COURT  |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445 |                                 |
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | BURSTEIN, RICHARD B   |                                 |
| STREET ADDRESS | 830 GREENSWARD COURT  |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445 |                                 |
| TITLE          | TD                    | <input type="checkbox"/> Delete |
| NAME           | LAVINE, EDWARD        |                                 |
| STREET ADDRESS | 830 GREENSWARD COURT  |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445 |                                 |
| TITLE          | SD                    | <input type="checkbox"/> Delete |
| NAME           | FRANKEL, EVELYN       |                                 |
| STREET ADDRESS | 730 GREENSWARD COURT  |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445 |                                 |
| TITLE          | ASD                   | <input type="checkbox"/> Delete |
| NAME           | HUGHES, EDWARD        |                                 |
| STREET ADDRESS | 800 GREENSWARD COURT  |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445 |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | PANKS, DARREN         |                                 |
| STREET ADDRESS | 730 GREENSWARD COURT  |                                 |
| CITY-ST-ZIP    | DELRAY BEACH FL 33445 |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | VPD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PRUNETTI, CARMEN DR.    |  |
| STREET ADDRESS | 900 GREENSWARD LANE     |  |
| CITY-ST-ZIP    | DELRAY BEACH, FL. 33445 |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ANNE EHRBAR             |  |
| STREET ADDRESS | 900 GREENSWARD LANE     |  |
| CITY-ST-ZIP    | DELRAY BEACH, FL. 33445 |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WAYNE VINCENT           |  |
| STREET ADDRESS | 730 GREENSWARD CRT.     |  |
| CITY-ST-ZIP    | DELRAY BEACH, FL. 33445 |  |
| 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]* **SP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **6/19/00** Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)