

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90066 023 ****61.25

0050545

DOCUMENT # 731349

1. Entity Name

GREENWAY VILLAGE RECREATION ASSOCIATION, INC.

Principal Place of Business

**200 ROAD C
 ROYAL PLAM BEACH FL 33411-9916**

Mailing Address

**200 ROAD C
 ROYAL PLAM BEACH FL 33411-9916**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1560903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRAVES, WAYMON
 200 ROAD C.
 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.

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

TITLE NAME SD ☐ Delete
 DITIZIO, ANTHONY
 STREET ADDRESS 200 ROAD C
 CITY-ST-ZIP ROYAL PALM BCH FL

TITLE NAME PD ☐ Delete
 GRAVES, WAYMON
 STREET ADDRESS 200 ROAD C
 CITY-ST-ZIP ROYAL PALM BCH FL

TITLE NAME TD ☐ Delete
 SHANDLER, ROZ
 STREET ADDRESS 200 ROAD C
 CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE NAME D ☐ Delete
 BENOIT, MAY
 STREET ADDRESS 200 ROAD C
 CITY-ST-ZIP ROYAL PALM BCH FL

TITLE NAME VPD ☐ Delete
 PICCINO, ARMANDO
 STREET ADDRESS 200 ROAD C
 CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME RON PICK ☐ Change ☒ Addition
 STREET ADDRESS 200 ROAD C
 CITY-ST-ZIP ROYAL PALM BCH, FL 33411

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME MARLENE CAGGIAND ☒ Change ☐ Addition
 STREET ADDRESS 200 ROAD C
 CITY-ST-ZIP ROYAL PALM BCH, FL 33411

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)