

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90258 001 \*\*\*306.25

**DOCUMENT # 739225**

1. Entity Name

**GREENWAY VILLAGE SOUTH MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

12028 GREENWAY CIR. SOUTH  
 ROYAL PALM BEACH FL 33411

12028 GREENWAY CIR. SOUTH  
 ROYAL PALM BEACH FL 33411

**26061**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1743130**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name  
**LISA AULITA**

Street Address (P.O. Box Number is Not Acceptable)  
**12019 W. GREENWAY DR. #107**

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

*Lisa Aulita*  
 Signature, typed or printed name of registered agent and title if applicable.

**Lisa Aulita, Executive Chairman**

DATE

**2/8/01**

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>MATTIOLI, DOMINIC</b> <b>12018 GREENWAY CIRC SO</b> <b>ROYAL PALM BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALPERT, FLORENCE</b> <b>12021 W. GREENWAY DR. #107</b> <b>ROYAL PALM BEACH FL 33411</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DESIO, THOMAS</b> <b>12001 POINCIANA BLVD. #205</b> <b>ROYAL PALM BCH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANTIERE, ROSARIO</b> <b>12024 W. GREENWAY DR. #204</b> <b>ROYAL PALM BCH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIGLIO, CHARLES</b> <b>12008 POINCIANA BLVD., #104</b> <b>ROYAL PALM BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AULITA, LISA</b> <b>12019 W. Greenway Dr. #107</b> <b>Royal Palm Beach, FL. 33411</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Tavernise, William</b> <b>12011 Poinciana Blvd. #204</b> <b>Royal Palm Beach, FL. 33411</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am empowered.

SIGNATURE:

*Lisa Aulita*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lisa Aulita** **2/8/01** (561) 793-4717  
 Date Daytime Phone #

CR2E037 (10/00)