

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90074 015 \*\*\*\*61.25

**DOCUMENT # 748910**

1. Entity Name

**SUNRISE OF PALM BEACH CONDOMINIUM ASSOCIATION, I (2)**

Principal Place of Business

Mailing Address

C/ G.R.S. MANAGEMENT ASSOCIATES. INC  
 3900 WOODLAKE BLVD., STE 201  
 LAKE WORTH FL 33463  
 US

C/ G.R.S. MANAGEMENT ASSOCIATES. INC  
 3900 WOODLAKE BLVD., STE 201  
 LAKE WORTH FL 33463-3045  
 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

4. FEI Number

**59-2372309**

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

**BECKER & POLIAKOFF**  
**500 AUSTRALIAN AVE**  
**9TH FLOOR**  
**WEST PALM BEACH FL 33401**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SILVERMAN, JOSEPH	
STREET ADDRESS	7682 TAHITI LANE, #104	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BERNARD GOLDBERG	
STREET ADDRESS	4900 LUCEERNE LAKES BLVD., #102	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRANT, ROBERT	
STREET ADDRESS	7578 TAHITI LN 101	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERNARD KOPEKOFF	
STREET ADDRESS	7658 TAHITI LANE, #103	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRED DIAMOND	
STREET ADDRESS	7633 TAHITI LANE, #103	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MARTIN GOLDMAN	
STREET ADDRESS	7618 TAHITI LANE, #104	
CITY-ST-ZIP	LAKE WORTH FL 33461	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, MELVIN	
STREET ADDRESS	7617 TAHITI LANE #104	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
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 REQUIRED Phase II*

3-21-00

Date

Daytime Phone #

CR2E037 (9/99)