

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0037312

04-02-2002 90931 015 ****61.25

DOCUMENT # 748910

1. Entity Name

SUNRISE OF PALM BEACH CONDOMINIUM ASSOCIATION, I



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC 490 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 US

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
59-2372309	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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	D	<input type="checkbox"/> Delete
NAME	BASS, HYMAN	
STREET ADDRESS	4920 LUCERNE LAKES BLVD #206	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BERNARD GOLDBERG	
STREET ADDRESS	4900 LUCERNE 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	GOLDBERG, MELVIN	
STREET ADDRESS	7617 TAHITI LANE #104	
CITY-ST-ZIP	LAKE WORTH FL 33467	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paladino, MARGARET	Delete
STREET ADDRESS	7681 Tahiti Lane #202	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldberg, Bernard	
STREET ADDRESS	4900 Lucerne Lakes Blvd #102	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harzels, MARVIN	Delete
STREET ADDRESS	7658 Tahiti Lane #101	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie Valente	
STREET ADDRESS	4900 Lucerne Lakes Blvd. #205	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART ALBERT	
STREET ADDRESS	7578 TAHITI LANE #206	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/02

Date Daytime Phone #

CR2E037 (9/01)