

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90158 031 \*\*\*\*61.25

**DOCUMENT # 748910**



1. Entity Name  
**SUNRISE OF PALM BEACH CONDOMINIUM ASSOCIATION, I  
NC. 2**

Principal Place of Business Mailing Address  
**C/ G.R.S. MANAGEMENT ASSOCIATES. INC  
3900 WOODLAKE BLVD., STE 201  
LAKE WORTH FL 33463  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.  
City & State

3. Mailing Address Suite, Apt. #, etc.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BASS, HYMAN</b> <b>4920 LUCERNE LAKES BLVD #206</b> <b>LAKE WORTH FL 33461</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VPO</b> <b>BERNARD GOLDBERG</b> <b>4900 LUCEERNE LAKES BLVD., #102</b> <b>LAKE WORTH FL 33461</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>DS</b> <b>GRANT, ROBERT</b> <b>7578 TAHITI LN. 101</b> <b>LAKE WORTH FL 33467</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>VALENTE, GONNIE</b> <b>4900 LUCEERNE LAKES BLVD., #205</b> <b>LAKE WORTH FL 33467</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>FRED DIAMOND</b> <b>7633 TAHITI LANE, #103</b> <b>LAKE WORTH FL 33461</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>DVP</b> <b>MARTIN GOLDMAN</b> <b>7618 TAHITI LANE, #104</b> <b>LAKE WORTH FL 33461</b></del>	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO</b> <b>Goldberg, Bernard</b> <b>4900 Lucerne Lakes Blvd #102</b> <b>LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DS</b> <b>ALPERI, STUART</b> <b>7578 Tahiti Lane #206</b> <b>LAKE WORTH FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>CHARLES LEVINE</b> <b>7633 TAHITI LANE #202</b> <b>LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>JASON ROSEN</b> <b>7649 TAHITI LANE #102</b> <b>LAKE WORTH, FL 33467</b>

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: **FRED DIAMOND** *Fred Diamond* **3/3/03** **361-965-1243**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)