## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 28, 2002 8:00 am Secretary of State **DOCUMENT # 767357** 1. Entity Name 🖫 04-11-2002 90675 002 \*\*\*\*61.25 \*GARAVELLE PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PRIME MANAGEMENT GROUP INC C/O PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33487 BOCA RATON FL. 33487** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ' Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2415328 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SWATT, MYRON C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33487** Zip Code FL 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 # applicable. (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ... ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE <u>(9</u>0 Change ☐ Addition NAME Kaye, Jerry NAME STREET ADDRESS 22600 CARAVELLE CIRCLE STREET ADDRESS CR2E037 CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE D*YP* ☐ Delete TITLE ☐ Change ☐ Addition BERLIN, HARRIET NAME NAME STREET ADDRESS 22632 CARAVEL CIRCLE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE Delete TITLE Channe ■ Addition WALDENBERG, HAROLD HAME NAME STREET ADDRESS 22680 CARAVELLE CIR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WOODRUFF, DONALD NAME NAME STREET ADDRESS 22660 CARAVELLE CIRCLE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition PEARSON, BEVERLY NAME NAME STREET ADDRESS 22652 CARAVELLE CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33433 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supple fiental 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 anyaddress, with all other like empowered.

KAR

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