

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769166

1. Entity Name

GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, I

Principal Place of Business

C/O PMS CORPORATION
3150 VIA POINCIANA DRIVE
LAKE WORTH FL 33467

Mailing Address

C/O PMS CORPORATION
3150 VIA POINCIANA DRIVE
LAKE WORTH FL 33467-1483

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

59-2516722

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

P. M. S. CORP.

3150 VIA POINCIANA
LAKE WORTH FL 33467

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	D	<input checked="" type="checkbox"/> Delete
NAME	WITKIN, BERNARD	
STREET ADDRESS	6768 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GROSS, HARRY	
STREET ADDRESS	6768 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WEINSTEIN, FRANCES	
STREET ADDRESS	6768 10TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LAPIDES, MARTIN MORRIS	
STREET ADDRESS	6768 10TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, HELEN	
STREET ADDRESS	6768 10TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSMAN, MARTIN	
STREET ADDRESS	6768 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH WEISS	
STREET ADDRESS	6768 10TH AVE NORTH	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENEE MOLDVEEN	
STREET ADDRESS	6768 10TH AVE NORTH	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLSOM, DAVID	
STREET ADDRESS	6768 10 AVE NORTH	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPIDES, MORRIS	
STREET ADDRESS	6768 10TH AVE N	
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:

MORRIS LAPIDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000
Date

401-2715
Daytime Phone #

812000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)