

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90292 014 \*\*\*\*61.25

DOCUMENT # 769166

1. Entity Name  
 GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
~~c/o PMS CORPORATION~~  
~~3150 VIA POINCIANA DRIVE~~  
~~LAKE WORTH, FL 33467~~

A0071887

2. Principal Place of Business Mailing Address  
 Suite, Apt. #, etc. Phoenix Mgmt Services  
 3082 Jog Road

DO NOT WRITE IN THIS SPACE

City & State Lake Worth FL

4. FEI Number 59-2516722 Applied For Not Applicable

Zip Country 33467 US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~P.M.S. CORP~~  
~~3150 VIA POINCIANA~~  
~~LAKE WORTH, FL 33467~~

7. Name and Address of New Registered Agent  
 Name David Rosenthal  
 Street Address (P.O. Box Number is Not Acceptable) c/o Phoenix Management Services  
 3082 Jog Road  
 City Lake Worth FL Zip Code 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 *David Rosenthal*

5/26/2001

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	BERNARD WITKIN	
STREET ADDRESS	6768 10th AVE NORTH #413	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HARRY GROSS	
STREET ADDRESS	6768 10th AVE NORTH #212	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FRANCES WEINSTEIN	
STREET ADDRESS	6768 10th AVE NORTH #304	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MARY LAIDES	
STREET ADDRESS	6768 10th AVE NORTH #209	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELEN SILVERSTEIN	
STREET ADDRESS	6768 10th AVENUE NORTH #415	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN GROSSMAN	
STREET ADDRESS	6768 10th AVE NORTH #107	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Halpern	
STREET ADDRESS	6768 10th Ave. North #301	
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		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Bolson	
STREET ADDRESS	6768 10th Ave. North #407	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Weiss	
STREET ADDRESS	6768 10th Ave North #215	
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 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: *David Bolson* DAVID BOLSON 5/18/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)