

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

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

02-10-2003 90170 035 ****61.25

DOCUMENT # 769166



1. Entity Name
**GRAMERCY AT POINCIANA CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business Mailing Address
C/O GRS MANAGEMENT ASSOC. INC **C/O GRS MANAGEMENT ASSOC. INC**
3900 WOODLAKE BLVD. STE 201 **3900 WOODLAKE BLVD. STE 201**
LAKE WORTH FL 33463 **LAKE WORTH FL 33463**
US **US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2516722** 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
BECKER & POLIAKOFF P.A.
500 AUSTRALIAN AVE. 9TH FL
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEES 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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	WEISS, RUTH	
STREET ADDRESS	6768 10TH AVENUE NORTH #215	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARACK, JOSEPH	
STREET ADDRESS	6768 10TH AVE NO. 211	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MOLDVEEN, RENEE	
STREET ADDRESS	6768 10TH AVE NO. 201	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LAPIDES, MORRIS	
STREET ADDRESS	6768 10TH AVE NO. 209	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARCUS, BEATRICE	
STREET ADDRESS	6768 10TH AVE NO. 306	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GROSSMAN, MARTIN	
STREET ADDRESS	6768 10TH AVENUE NORTH #107	
CITY-ST-ZIP	LAKE WORTH FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldman, Selma	
STREET ADDRESS	6768 10th Ave. N. 113	
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		<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: Selma Goldman 2/4/03 561-641-2715

CR2E037 (10/02)