

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90178 005 ****61.25

DOCUMENT # N13055

1. Entity Name

COUNTRY FAIR AT BOYNTON HOMEOWNERS ASSOCIATION.

Principal Place of Business

Mailing Address

3900 WOODLANKE BLVD
 SUITE 201
 LAKE WORTH FL 33463
 US

GRS MANAGEMENT ASSOCIATES, INC.
 2900 WOODLAKE BLVD, SUITE 201
 LAKE WORTH FL 33463
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2661252

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADWIG, PATTI PA
 WELLINGTON COUNTRY PLAZA
 12765 W. FOREST HILL BLVD., STE ~~1312~~ 1312
 WELLINGTON FL 33414

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.

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	DP	<input checked="" type="checkbox"/> Delete
NAME	BENICA, ANDREW	
STREET ADDRESS	9662 64TH WAY SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BOHY, KATHLEEN	
STREET ADDRESS	9982 F WATERMILL CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ANN	
STREET ADDRESS	6420 COUNTRY FAIR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CHURCH, JUDITH	
STREET ADDRESS	6145 COUNTRY FAIR CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, JOANNE	
STREET ADDRESS	9686 64TH WAY SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D TRASURERA	<input type="checkbox"/> Delete
NAME	KRINSKY, LILLIAN	
STREET ADDRESS	9913 D WATERMILL CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gould, JONATHAN	
STREET ADDRESS	6133 Country Fair Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, LUISA	
STREET ADDRESS	6389 Country Fair Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudewick, IRAN	
STREET ADDRESS	9898-C Watermill Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEPPER, TRUDY	
STREET ADDRESS	9871-F Watermill Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARAGONA, Cindy	
STREET ADDRESS	9968-C Watermill Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TRASURERA	<input checked="" 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)(l), 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: *Lillian Krinsky* REGISTERED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)