

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90023 038 ****61.25

DOCUMENT # N20841

1. Entity Name

GREENS EDGE OF BONAVENTURE TRACT 26 HOMEOWNERS A

Principal Place of Business

11530 ST. ROAD 84
DAVIE FL 33325
US

Mailing Address

P.O. BOX 551390
DAVIE FL 33325
US

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

65-0070939

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

WEST BROWARD PROPERTY MGMT.
11530 STATE ROAD 84
DAVIE FL 33325

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 PD ☐ Delete
NAME LOSCHIAVO, VINCENT
STREET ADDRESS 16684 GREENSEDGE CIRCLE, #57
CITY-ST-ZIP WESTON FL 33326

TITLE VP ☒ Change ☐ Addition
NAME Vincent Loschiavo
STREET ADDRESS 16684 Blatt Boulevard # 577
CITY-ST-ZIP Weston, FL 33326

TITLE VPD ☒ Delete
NAME FORTINO, RALPH
STREET ADDRESS 16606 GREENSEDGE CIRCLE, #57
CITY-ST-ZIP WESTON FL 33326

TITLE SD ☐ Change ☒ Addition
NAME Edward Cetta
STREET ADDRESS 16616 Blatt Boulevard #78
CITY-ST-ZIP Weston, FL 33326

TITLE SD ☒ Delete
NAME VAN ALLTEN, MARGO
STREET ADDRESS 16658 GREENSEDGE CIRCLE, #95
CITY-ST-ZIP WESTON FL 33326

TITLE D ☐ Change ☒ Addition
NAME Gennaro Longobardi
STREET ADDRESS 16606 Blatt Boulevard #87
CITY-ST-ZIP Weston, FL 33326

TITLE TD ☐ Delete
NAME REYNOLDS, WILLIAM
STREET ADDRESS 16606 GREENSEDGE CIRCLE, #86
CITY-ST-ZIP WESTON FL 33326

TITLE PD ☒ Change ☐ Addition
NAME William Reynolds
STREET ADDRESS 16606 Blatt Boulevard #86
CITY-ST-ZIP Weston, FL 33326

TITLE D ☒ Delete
NAME KIRD, ROBERT
STREET ADDRESS 16600 GREENSEDGE CIRCLE, #82
CITY-ST-ZIP WESTON FL 33326

TITLE TD ☐ Change ☒ Addition
NAME William Van Aalten
STREET ADDRESS 16658 Blatt Boulevard #95
CITY-ST-ZIP Weston, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Reynolds 984-472-3870
Daytime Phone #

CR2E037 (10/00)