

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90065 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N29938**  
 1. Entity Name  
**ISLAND IN THE GROVE HOMEOWNERS' ASSOCIATION, INC**

Principal Place of Business      Mailing Address  
 11500 EL CLAIR RANCH RD.      11500 EL CLAIR RANCH RD.  
 BOYNTON BEACH FL 33437      BOYNTON BEACH FL 33437-1441  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**65-0102798**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**KAPLAN, ALVIN**  
 11500 EL CLAIR RANCH ROAD  
 BOYNTON BEACH FL 33437

**7. Name and Address of New Registered Agent**  
 Name: **Brafman, Leslie R.**  
 Street Address (P.O. Box Number is Not Acceptable): **11500 El Clair Ranch Rd.**  
 City: **Boynton Beach** FL      Zip Code: **33437**

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: **Leslie R. Brafman**      DATE: **4/13/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MUFSON, ROBERT</b>                         | NAME  |   |
| STREET ADDRESS             | <b>7015 MANDARIN DR</b>                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>                          | CITY-ST-ZIP   |   |
| TITLE                      | VTD <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GREENBERG, LEONARD E.</b>                  | NAME  |   |
| STREET ADDRESS             | <b>11500 EL CLAIR RANCH RD</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL</b>                       | CITY-ST-ZIP   |   |
| TITLE                      | SD <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KAPLAN, ALVIN</b>                          | NAME  |   |
| STREET ADDRESS             | <b>11500 EL CLAIR RANCH ROAD</b>              | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL</b>                       | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | 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: **Leonard E Greenberg**      DATE: **4/14/00**      DAYTIME PHONE #: **561-737-5805**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)