

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90484 048 ****61.25

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~~
~~US~~ ~~US~~

2. Principal Place of Business
ISLAND IN THE GROVE HOA
Grant Property Management
1599 NW 9th Ave.
Boca Raton, FL 33486

3. Mailing Address
SAME AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0102798**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~BRAFMAN, LESLIE R~~
~~11500 EL CLAIR RANCH ROAD~~
~~BOYNTON BEACH FL 33437~~

7. Name and Address of New Registered Agent

Name **GARY GUTENSTEIN**
 Street **Grant Property Management**
1599 NW 9th Ave.
 City **Boca Raton, FL 33486**
 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 **Gary Gutenstein** Managing Agent 3/2/01
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

TITLE NAME	PD MUFSON, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7015 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	VTD GREENBERG, LEONARD E.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11500 EL CLAIR RANCH RD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE NAME	SD KAPLAN, ALVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11500 EL CLAIR RANCH ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Ronald Abend	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7081 Mallorca Crescent	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE NAME	VPD Donald Sutte	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7140 Mallorca Crescent	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE NAME	VP Michael Groskin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7090 Islegrove Place	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE NAME	S/TD Melvin Goldberger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7050 Islegrove Place	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE NAME	ASD Arthur Suke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7071 Mallorca Crescent	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

3/6/01 561
 Date

CR2E037 (10/00)