

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-06-2002 90120 044 ****70.00

37309

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29938

1. Entity Name
ISLAND IN THE GROVE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business Mailing Address
GRAND PROPERTY MANAGEMENT **GRAND PROPERTY MANAGEMENT**
1599 NW 8TH AVENUE **1599 NW 8TH AVENUE**
BOCA RATON FL 33486 **BOCA RATON FL 33486**
US **US**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0102788** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Sandra Fields
AKRAM SOUTH
551 NW 77th St
Suite 212
Boca Raton, FL

7. Name and Address of New Registered Agent
COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND DR.,
SUITE #250
BOCA RATON **FL** Zip Code **33487**

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 **M. A. Knight on behalf of the Board of Directors**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when relevant. DATE

9. **FILE NOW: FEE IS \$01.25** 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ABEND, RONALD 7081 MALLORCA CRESCENT BOCA RATON FL 33433 PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SUTTE, DONALD 7140 MALLORCA CRESCENT BOCA RATON FL 33433 VICE PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSKIN, MICHAEL 7090 ISLEGROVE PLACE BOCA RATON FL 33433 VICE PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOLDBERGER, MELVIN 7050 ISLEGROVE PLACE BOCA RATON FL 33433 SECRETARY / TREASURER	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SUKEL, ARTHUR 7071 MALLORCA CRESCENT BOCA RATON FL 33433 DIRECTOR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERALD REHTER 7040 ISLEGROVE PLACE BOCA RATON, FL 33433 DIRECTOR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 or without an address, with or without an address.

SIGNATURE: **Sandra Fields** Date **4/22/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E037 (9/01)