

2002-2003

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31899

1. Entity Name

Tierra Del Rey South courses Association, Inc.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 MAY 12 AM 8:14

Principal Place of Business

Mailing Address

G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH, FL 33463

G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH, FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2160282

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

FASH, William

Name GRS Management Associates, Inc

Street Address (P.O. Box Number is Not Acceptable)

10908 EL PARASO Place Delray Bch FL 33446

3900 Woodlake Blvd STE 201

City Lake Worth

FL

Zip Code 33463

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

[Handwritten Signature]

5-503

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

After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP (P) Smith, Kathy 10408 EL CABALLO CRT Delray Bch FL 33446

TITLE NAME STREET ADDRESS CITY-ST-ZIP TAFT, ALAN 10058 EL CABALLO CT Delray Beach, FL 33446

TITLE NAME STREET ADDRESS CITY-ST-ZIP (P) Kissin, Samuel 10792 EL CABALLO CRT Delray Bch FL 33446

TITLE NAME STREET ADDRESS CITY-ST-ZIP 300018689563 05/12/03--01011--003 **122.50

TITLE NAME STREET ADDRESS CITY-ST-ZIP (D) Fash, William 10908 EL PARASO Place Delray Bch FL 33446

TITLE NAME STREET ADDRESS CITY-ST-ZIP 300018689563 05/12/03--01011--004 **170.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP (D) Crabb, Michael 10463 LALEINA RD Delray Bch FL 33446

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP (D) Amante, Christine 10076 EL CABALLO CRT Delray Bch FL 33446

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP [Handwritten Name]

TITLE 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:

[Handwritten Signature] as President

4/08/03

(561)

495-6556

CR2E037 (5/01)