2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91627 046 ****61.25

DOCUMENT # N47944

1. Entity Name

GRAND FAIRFIELD HOMEOWNERS ASSOCIATION, INC.

436105

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
MAHOGANY SERVICES. INC. 6700 NW BROKEN SOUND PKWY #200 BOCA RATON FL 33487 US	MAHOGANY SERVICES. INC. 6700 NW BROKEN SOUND PKWY #200 BOCA RATON FL 33487 US

2. Principal Place of Business	3. Mailing Address
Hospitality MANAGEMENT Group	Hospitality MANAGEMENT Group
Suite, Apt. #, etc. 5255 N. FEDERAL HWY SECOND FLOOR	Suite, Apt. #, etc. 5255 N. FEDERAL HWY SECOND FLOOR
City & State BOCA RATON, FL	City & State Boca Raton, FL
Zip: 33487 Country: US	Zip: 33487 Country: US

4. FEI Number: 65-0322413 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELIAS, HOWARD
6700 BROKEN SOUND PKWY #203
#203
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: K. PATRICK Whalen
Street Address (P.O. Box Number is Not Acceptable): 5255 N. FEDERAL Hwy
SECOND FLOOR
City: 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STAEGAR, ELIZABETH 5485 GRAND PARK PLACE BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETOSA, FRANK 5405 GRAND PK PLACE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETOSA, FRANK 5255 N. FEDERAL Hwy 2ND FLOOR BOCA RATON, FL 33487 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VALENTINE, TRVEOR 5401 GRAND PARK PLACE BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALENTINE, TREVOR 5255 N. FEDERAL Hwy 2ND FLOOR BOCA RATON, FL 33487 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VISCOME JOHN 5394 GRAND PARK PLACE BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VISCOME, JOHN 5255 N. FEDERAL HWY 2ND FLOOR BOCA RATON, FL 33487 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GERSHON ~~HYMAN~~ NOAH 5389 GRAND PARK PLACE BOCA RATON FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERSHON, NOAH 5255 N. FEDERAL Hwy 2ND FLOOR BOCA RATON, FL 33487 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ~~BOCA RATON, FL 3340~~

CR2E037 (9/01)

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 2/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #