

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90077 036 ****61.25

DOCUMENT # Grand Cay Homeowners Association
 1. Entity Name c/o Lang Management, Inc.
 N95000003160 7100 Fairway Drive, Suite 30
 Palm Beach Gardens, FL 33418

Principal Place of Business Mailing Address
 7100 FAIRWAY DR. Same
 Ste 30
 Palm Bch Gdns FL 33401

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

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Lang Management Company
 7100 Fairway Drive, Ste 30
 Palm Beach Gardens, FL 33418

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 PD NAME Warshaw, Lonny ☐ Delete
 STREET ADDRESS 1111 Grand Cay Drive
 CITY-ST-ZIP Palm Beach Gardens, FL 33418
 TITLE VPD NAME Cocotos, Mary ☐ Delete
 STREET ADDRESS 1135 Grand Cay Drive
 CITY-ST-ZIP Palm Beach Gardens, FL 33418
 TITLE TD NAME Buzzed, Michael ☐ Delete
 STREET ADDRESS 1128 Grand Cay Drive
 CITY-ST-ZIP Palm Beach Gardens, FL 33418
 TITLE SD NAME Kujawski, Peter ☐ Delete
 STREET ADDRESS 1134 Grand Cay Drive
 CITY-ST-ZIP Palm Beach Gardens, FL 33418
 TITLE D NAME Hawkins, John ☐ Delete
 STREET ADDRESS 1130 Grand Cay Drive
 CITY-ST-ZIP Palm Beach Gardens, FL 33418
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
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 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: Mary Cocotos - VP GRAND CAY 3/9/2000 561-625-0030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)