

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26033

1. Entity Name

THE GRANDVIEW AT SPRING LAKES CONDOMINIUM ASSOCI

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90037 050 ****61.25

Principal Place of Business

Mailing Address

C/O PMS CORP
3150 VIA POINCIANA DR
LAKE WORTH FL 33467

C/O PMS CORP
3150 VIA POINCIANA DR
LAKE WORTH FL 33467-1483

710201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0056857

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

P.M.S. CORP.

3150 VIA POINCIANA DR
LAKE WORTH FL 33467

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

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 | DP | <input checked="" type="checkbox"/> Delete |
| NAME | STRAUSS, MAL | |
| STREET ADDRESS | 3138 VIA POINCIAN DR | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CARECCIA, JOSEPH | |
| STREET ADDRESS | 3138 VIA POINCIANA #203 | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | DENNISON, CORINNE | |
| STREET ADDRESS | 3138 VIA POINCIANA DR | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GAGLIARDI, JOSPEH | |
| STREET ADDRESS | 3138 VIA POINCIANA DR | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CHMARA, PHYLLIS | |
| STREET ADDRESS | 3138 VIA POINCIANA DR | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|---|
| TITLE | DP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAGLIARDI, JOSEPH | |
| STREET ADDRESS | 3138 VIA POINCIANA | |
| CITY-ST-ZIP | LAKE WORTH, FL. 33467 | |
| TITLE | DS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENNISON, CORRINE | |
| STREET ADDRESS | 3138 VIA POINCIANA | |
| CITY-ST-ZIP | LAKE WORTH, FL. ##508 | |
| TITLE | DT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAMARA, PHYLLIS | |
| STREET ADDRESS | 3138 VIA POINCIANA | |
| CITY-ST-ZIP | LAKE WORTH, FL. 33467 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARECCIA JOSEPH | |
| STREET ADDRESS | 3138 VIA POINCIANA | |
| CITY-ST-ZIP | LAKE WORTH, FL. 33467 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRAUSS MAL | |
| STREET ADDRESS | 3138 VIA POINCIANA | |
| CITY-ST-ZIP | LAKE WORTH, FL. 33467 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

2/10/00

561-641-0960

Date

Daytime Phone #