

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710578

1. Entity Name

GREENWAY VILLAGE ASSOCIATION NO. ONE, INC. A CON

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90128 050 ****61.25

Principal Place of Business

Mailing Address

60 EAST COURT
ROYAL PALM BEACH FL 33411

60 EAST COURT
ROYAL PALM BEACH FL 33411-2902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1205212

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

DEL GRECO, NICK
125 W COURT
ROYAL PALM BEACH FL 33411

Name **MAY BENOIT**

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

45 EAST COURT

City **ROYAL Palm Bch.** FL Zip Code **33411**

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 *May E Benoit*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-2000

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DEL GRECO, NICK	
STREET ADDRESS	125 W COURT	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	BENOIT, MAY	
STREET ADDRESS	34 E COURT	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOOMHOWER, FREDERICK	
STREET ADDRESS	535 CT	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICK, RONALD	
STREET ADDRESS	140 W CT	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLE, JOANNE D	
STREET ADDRESS	134 W CT	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SABLONE, FRED	
STREET ADDRESS	95 E CT	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY BENOIT	
STREET ADDRESS	45 EAST COURT	
CITY-ST-ZIP	ROYAL Palm Bch FL 33411	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Jones	
STREET ADDRESS	51 EAST COURT	
CITY-ST-ZIP	ROYAL Palm Bch. FL 33411	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Pick	
STREET ADDRESS	140 West COURT	
CITY-ST-ZIP	ROYAL Palm Bch. FL 33411	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE DeBole	
STREET ADDRESS	134 WEST COURT	
CITY-ST-ZIP	ROYAL Palm Bch FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edna Panzini	
STREET ADDRESS	122 West COURT	
CITY-ST-ZIP	ROYAL Palm Bch FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *MAGNA FIRE PROTECT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000 561-795-9183

Date

Daytime Phone #

CR2E037 (9/99)