

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90302 029 \*\*\*\*61.25

**DOCUMENT # N93000005182**

1. Entity Name

**GIARDINO VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

% PRIME MGMT GROUP, INC.  
2994 JOG ROAD, SUITE B  
GREENACRES FL 33467  
US

Mailing Address

% PRIME MGMT GROUP, INC.  
2994 JOG ROAD, SUITE B  
GREENACRES FL 33467  
US

2. Principal Place of Business

**clo cmc management**

3. Mailing Address

**clo cmc management**

Suite, Apt. #, etc.

**2994 Jog Road, Ste. B**

Suite, Apt. #, etc.

**2994 Jog Road, Ste. B**

City & State

**Greenacres, FL**

City & State

**Greenacres, FL**

Zip

**33467**

Country

**USA**

Zip

**33467**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0478757**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GERRISH, SCOT**  
% PRIME MGMT GROUP, INC.  
2994 JOG ROAD, SUITE B  
GREENACRES FL 33467

7. Name and Address of New Registered Agent

Name  
**Scot Gerrish**  
Street Address (P.O. Box Number is Not Acceptable)  
**clo cmc management, Inc.**  
**2994 Jog Road, Suite B**  
City  
**Greenacres** FL Zip Code  
**33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature of Scot Gerrish]*

*Scot Gerrish*

*Manager*

*March 24, 2003*

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

(NOTE: Registered Agent signature required when re-registering)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HECKER, LEONARD**  
STREET ADDRESS **5157 D FLORIA WAY**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VPD** ☐ Delete  
NAME **WORMSER, MALCOLM**  
STREET ADDRESS **5133 R BRISATA CIRCLE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **SD** ☒ Delete  
NAME **PANICA, DOMINICK**  
STREET ADDRESS **5133 I BRISATA CIRCLE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **TD** ☐ Delete  
NAME **SCHORR, LILA**  
STREET ADDRESS **5139 H FLORIA WAY**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete  
NAME **FASS, RAYMOND**  
STREET ADDRESS **5140 L FLORIA WAY**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete  
NAME **KADEN, ARTHUR**  
STREET ADDRESS **5133 F BRISATA CIRCLE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Stanley Beccoff**  
STREET ADDRESS **5133 - O Brisata Circle**  
CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **Paul Kaye**  
STREET ADDRESS **5139 - E Floria way**  
CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature of Lila Schorr]* **SIGNATURE REQUIRED**

**4/22/03 (561) 641-1016**

CR2E037 (10/02)