


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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90359 016 ****61.25

DOCUMENT # 765765

1. Entity Name
GARDENWAY CONDOMINIUM F, G, H, I AND J MAINTENANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address

**C/O PRIDE MANAGEMENT
111 EGRET DRIVE
JUPITER FL 33458
US**

**PO BOX 1129
JUPITER FL 33468-1129
US**

2. Principal Place of Business 3. Mailing Address

C/O PRIDE MANAGEMENT

Suite, Apt. #, etc. Suite, Apt. #, etc.

P.O. Box 1129

City & State City & State

JUPITER, FL

Zip Country Zip Country

33468-1129 US



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PIECEWICZ, ALAN
PRIDE PROPERTY MANAGEMENT
111 EGRET DRIVE
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name: **ALAN R. PIECEWICZ**

Street Address (P.O. Box Number is Not Acceptable): **2015 S.E. ISABELL RD.**

City: **PORT ST. LUCIE** FL Zip Code: **34982**

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: *Alan R. Piecowicz* **ALAN R. PIECEWICZ** DATE: **3/17/2003**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEONHARDT, WALTER P O BOX 345 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEESECKER, MICHAEL 12138 ALT A1A I-2 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUDAND, JACKIE 12104 ALT A1A G-3 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GULINO, STEPHANIE 12138 ALT A1A I-8 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, LINDA 12096 ALT A1A, F-3 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Michael Keesecker* **Michael Keesecker** DATE: **3/18/03** ID: **5616948447**

CR2E037 (10/02)