

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90278 041 ****61.25

DOCUMENT # 767561

1. Entity Name

GARDENWAY CONDOMINIUM A, B, C, D AND E MAINTENAN

Principal Place of Business

Mailing Address

12030 ALTERNATE A-1-A
 UNIT A-99
 PALM BEACH GARDENS FL 33410
 US

ASSOC. PROPTY MGNT.
 400 SO DIXIE HIGHWAY STE 10
 LAKE WORTH FL 33460
 US

736050



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

59-1555511

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

Name

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

City

FL

Zip Code

ASSOCIATED PROPERTY MGME OF PALM BEACHES I
400 SOUTH DIXIE HIGHWAY
SUITE #10
LAKE WORTH FL 33460

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	REUPKE, MARIA	
STREET ADDRESS	12036 ALTERNATE A1A, 4B-C	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	9B	<input checked="" type="checkbox"/> Delete
NAME	WILBUR, JANET	
STREET ADDRESS	12052 ALTERNATE A1A, #C 4	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAENZ, NANCY	
STREET ADDRESS	12030 ALT A1A #A3	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, SIBYL	
STREET ADDRESS	12052 ALT A1A #C-1	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRYAN, KARI	
STREET ADDRESS	12076 ALT A1A #E1	
CITY-ST-ZIP	PBG, FL 33410	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DAVID	
STREET ADDRESS	12070 ALT A1A #D1	
CITY-ST-ZIP	PBG, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marion Reupke 627492

Date

Daytime Phone #

CR2E037 (10/00)