

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-02-2002 90033 033 ****61.25

DOCUMENT # N01000000712

1. Entity Name

GRANDES-BAY-ESTATES-NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

12230 FOREST HILL BLVD. STE 150
 WELLINGTON FL 33414

Mailing Address

12230 FOREST HILL BLVD. STE 150
 WELLINGTON FL 33414

91707

2. Principal Place of Business

Ch GRS Management Assoc Inc

3. Mailing Address

Ch GRS Management Assoc Inc

Suite, Apt. #, etc.

3900 Woodlake Blvd STE 201

Suite, Apt. #, etc.

3900 Woodlake Blvd STE 201

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33463

Country

USA

Zip

33463

Country

USA

4. FEI Number

565-1103530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KIMBALL FLETCHER, PATRICIA P.A.
200 S BISCAYNE BLVD, STE 3410
MIAMI FL 33131

7. Name and Address of New Registered Agent

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** ☒ Delete
 NAME **DREWS, ROBERT**
 STREET ADDRESS **12230 FOREST HILL BLVD, STE 150**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **DV** ☐ Delete
 NAME **GOSSELIN, ANETTE**
 STREET ADDRESS **12230 FOREST HILL BLVD, STE 150**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☒ Delete
 NAME **PACKARD, GARY**
 STREET ADDRESS **12230 FOREST HILL BLVD, STE 150**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
 NAME **DREWS, ROBERT**
 STREET ADDRESS **1013 N. STATE RD #7**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **Gosselin, Anette**
 STREET ADDRESS **1013 N. STATE RD #7**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☐ Change ☒ Addition
 NAME **Individually NAMED**
 STREET ADDRESS **1013 N. STATE RD #7**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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:

Robert A. Drews Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)