2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State
05-07-2000 90009 011 ****61.25

DOCUMENT # N01977

1. Entity Name

GRENADIER LAKES AT WELLEBY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O DIVERSIFIED MANAGEMENT SERVICES 8457 W. OAKLAND PARK BLVD. SUNRISE FL 33351 US	P.O. BOX 451418 SUNRISE FL 33345-1418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2816763 ☐ Applied For ☐ Not Applicable

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
KAYE & ROGER, P.A. 6261 NW 6TH WAY, STE. 103 FT. LAUDERDALE FL 33309	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEYMAN, IRIS 3584 NW 95TH TERR SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, RAYMOND 3574 NW 95 TERRACE SUNRISE, FL.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLO, ADELE 3566 N.W. 95TH TERR SUNRISE FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, BEVERLY 3590 NW 95 TERRACE SUNRISE, FL.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TSINTGIRAS, KAY MARIA 3628 N.W. 95TH TERR SUNRISE FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, CYNTHIA 3643 N.W 94TH AVENUE SUNRISE FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LACHMAN, ZORYA 3570 N.W. 95TH TERRACE SUNRISE FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TEMPERILLI, JAMES 3546 NW 95TH TERR SUNRISE FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Iris Heyman 4-21-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #