2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90599 015 ****61.25

DOCUMENT # N01977

1. Entity Name

GRENADIER LAKES AT WELLEBY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
c/o Diversifed Mgmt Svc 8457 W. Oakland Pk Blvd. Sunrise, FL 33351	P.O. Box 451418 Sunrise, FL 33345

2. Principal Place of Business	3. Mailing Address
c/o Castle Management, Inc.	c/o Castle Management, Inc.
Suite, Apt. #, etc. 4450 W. Sunrise Blvd., C-100	Suite, Apt. #, etc. P.O. Box 189013
City & State Plantation, FL	City & State Plantation, FL
Zip / Country 33313 / US	Zip / Country 33318 / US

DO NOT WRITE IN THIS SPACE

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 and Roger, PA 6261 NW 6th Way, Suite 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	PD Heyman, Iris 3584 NW 95th Terrace Sunrise, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Temperilli, James 3546 NW 9th Terrace Sunrise, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALTER III, Thomas W. 3505 NW 94 Ave. SUNRISE, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Tsintgiras, Kay Maria 3628 NW 95th Terrace Sunrise, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Lachman, Zorya 3570 NW 95th Terrace Sunrise, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALIOSIO, ANN 3632 NW 95th Ter. SUNRISE, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schwartz, Cynthia 3643 NW 95th Terrace Sunrise, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEJADA, FELIPE 3542 NW 95 Ter. SUNRISE, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gallo, Adele 3566 NW 95th Terrace Sunrise, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWSON, GREGORY 3606 NW 95 Ter. SUNRISE, FL	☐ Change ☑ Addition

CR2E037 (11/00)

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: _____ Thomas W. Walter III, President 1/18/01 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #