

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04519

1. Entity Name

GARDENS IN THE GROVE HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US

Mailing Address

6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8229
US

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

59-2444303

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

SWATT, MYRON I
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

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 PD
NAME NISSENBAUM, ALVIN
STREET ADDRESS 7370 ORANGEWOOD LANE #106
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME BURKUS, WILLIAM
STREET ADDRESS 7369 ORANGEWOOD LANE #101
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME ENGERMAN, JERRY
STREET ADDRESS 7369 ORANGEWOOD LANE #201
CITY-ST-ZIP BOCA RATON FL

☒ Delete

TITLE D
NAME TILZER, SAM
STREET ADDRESS 7369 ORANGEWOOD LANE #301
CITY-ST-ZIP BOCA RATON, FL 33433

☐ Change ☒ Addition

TITLE D
NAME LEVINSON, MIKE
STREET ADDRESS 7369 ORANGEWOOD LANE #108
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE T
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME WILDER, JOEL
STREET ADDRESS 7370 ORANGEWOOD LANE #306
CITY-ST-ZIP BOCA RATON FL 33433

☒ Delete

TITLE D
NAME Levine, Judith
STREET ADDRESS 7370 ORANGEWOOD LANE #302
CITY-ST-ZIP BOCA RATON FL 33433

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

561-989-5080



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)