2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # N08156** 04-12-2001 90181 009 ****61.25 GARDENS IN THE GROVE-2 CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 6300 PARK OF COMMERCE BOULEVARD 6300 PARK OF COMMERCE BOULEVARD 00035242 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business Mailing Address Prime Management Group 370 Orangewood L Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 300 Park of (City & State 4. FEI Number Applied For Boca Raton, FL NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SWATT, MYRON I. 6300 PARK OF COMMERCE BOULEVARD **BOCA RATON FL 33487** 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 Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS TITI F ☐ Delete TITLE NAME NISSENBAUM, ALVIN NAME STREET ADDRESS STREET ADDRESS 7370 ORANGEWOOD LANE #105 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Change ☐ Addition TITLE TD Delete TORCH, REUBEN NAME STREET ADDRESS STREET ADDRESS 7370 ORANGEWOOD LANE #208 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** VPD Delete TITLE L. Andrew Levine 1370 Orangewood lane #302 LEVINE, JUDITH NAME NAME STREET ADDRESS STREET ADDRESS 7370 ORANGEWOOD LANE #302 Boca Raton, Ft 33433 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change TITLE TITLE ☐ Addition Delete NAME BERDINER, ARMAND NAME STREET ADDRESS STREET ADDRESS 5130 NORTH HILLS DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

CONCILIFATE OUR ESBEN TORCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR