## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N08156

1. Entity Name

GARDENS IN THE GROVE-2 CONDOMINIUM ASSOCIATION, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91449 035 \*\*\*\*61.25

INC.						3				
7370 ORANGEWOOD LN BOCA RATON FL 33433 6			Mailing Address C/O PRIME MANAGMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487			<del></del>	1 1001101 011 001	77 (4) (5) 4		Bir Glesi IRBi
2. Principal F	Place of Business	3. Mail	ing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State					4. FEI Number 59-2502993 Applied For Not Applicable			
Zip Country			Zip Cou						\$8.75 Ad	ditional
	6. Name and Address of Current	Registere	d Agent	1			7. Name and Addr	ess of New Register		
		3			Name					
SWATT, MYRON I.  6300 PARK OF COMMERCE BOULEVARD BOCA RATON FL 33487					Street Address (P.O. Box Number is Not Acceptable)					
					City			F	Zip Cod	le
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent							\$5.00 May Be Added to Fees		eck Payable	
10.	OFFICERS AND D	IDECTORS	· · · · · · · · · · · · · · · · · · ·	11.		<del></del>	ADDITIONS/CHANGE	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NISSENBAUM, ALVIN 7370 ORANGEWOOD LANE #10		Delete Delete	TITLE NAME	ADDRESS	00 Stil	IMAN DAVID ORANGEWOOD RATON PL	O LANE#1	Change	Addition
TITLE NAME STREET ADDRESS CITY_ST_ZIP	BOCA RATON FL 33433 STD TORCH, REUBEN 7370 ORANGEWOOD LANE #20 BOCA RATON FL 33433	8	☐ Delete	TITLE NAME	11.	70	MENTHAL, ORANGE WOOD 9-RATON-FL		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISSENBAUM, EILEEN 7370 ORANGEWOOD LANE #10 BOCA RATON FL 33433	16	Delete	TITLE NAME STREET CITY-SI	ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS -				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME	ADDRESS			,	☐ 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CONSTUTION PROBLEM TORCH

4-29-03 (861) 995-4108

CR2E037 (10/0)