

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90409 005 ****61.25

DOCUMENT # N29724

1. Entity Name

GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~5685 DANNOCK TERR~~
~~4400 N FEDERAL HWY STE 100~~
~~BOYNTON BCH FL 33437~~
 US

6266 GREENSPOINTE
BOYNTON
BOCH FL
33437

500 NE SPANISH RIVER BLVD
 SUITE 18
 BOCA RATON FL 33431

00068246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0103225

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIS, ERNEST W
500 NE SPANISH RIVER BLVD SUITE 18
BOCA RATON FL 33431

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	<input type="checkbox"/> Delete
NAME	PIRANIAN, ALEX	
STREET ADDRESS	6266 GREENSPOINTE DRIVE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROMBERG, DAVID	
STREET ADDRESS	6142 GREENSPOINTE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAVIN, PHILIP	
STREET ADDRESS	6155 GREENSPOINTE DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRANKEL, JUSTIN	
STREET ADDRESS	6137 GREENSPOINTE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHN, RUTH	
STREET ADDRESS	6143 GREENSPOINTE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Einhorn, Roz	
STREET ADDRESS	6148 Greenspointe Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garber, Stan	
STREET ADDRESS	6038 Greenspoint Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weiss, Paul	
STREET ADDRESS	6077 Greenspointe Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
 5/13/01 561-738-6280

CR2E037 (10/00)