

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0034636

DOCUMENT # N29724

1. Entity Name

GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.

04-02-2002 90879 017 ****61.25

Principal Place of Business 6266 GREENSPOINTE BOYNTON BCH FL 33437 US	Mailing Address 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6266 Greenspointe DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boynton Beach, FL	City & State
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4. FEI Number 65-0103225	Applied For Not Applicable
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Zip 33437	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIRANIAN, ALEX 6266 GREENSPOINTE DRIVE BOYNTON BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROMBERG, DAVID 6142 GREENSPOINTE DRIVE BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVIN, PHILIP 6155 GREENSPOINTE DR BOYNTON BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISS, PAUL 6077 GREENSPOINTE DRIVE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EINHORN, ROZ 6148 GREENSPOINTE DRIVE BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARBER, STAN 6038 GREENSPOINTE DRIVE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bromberg, David 6107 Greenspointe Dr Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frankel, Justin 6137 Greenspointe Dr Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goldstein, Philip 6142 Greenspointe Dr Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lowinger, Jerry 6094 Greenspointe Dr Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alex Piranian Alex PIRANIAN 3/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)