

Amended

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N29724 **AMENDED 2002 REPORT**

1. Entity Name
Greenspointe Condominium Association, Inc.

FILED
FILED
Jul 16, 2002 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Greenspointe Drive
Suite, Apt. #, etc.

3. Mailing Address
500 NE Spanish River
Suite, Apt. #, etc.
Blvd. Suite #18

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach, FL

City & State
Boca Raton, FL

4. FEI Number
65-0103225

Applied For
Not Applicable

Zip
33437

Country
USA

Zip
33431

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent:

Name Ernest W. Willis

Street Address (P.O. Box Number is Not Acceptable)

500 NE Spanish River Blvd. Suite 18
City Boca Raton, FL Zip Code 33431

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

**FEE IS \$61.25
Initial or Amended UBR**

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 PD
NAME Philip Goldstein
STREET ADDRESS 6142 Greenspointe Drive
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE VPD
NAME Jerry Lowinger
STREET ADDRESS 6094 Greenspointe Drive
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE SD
NAME Stanley Garber
STREET ADDRESS 6038 Greenspointe Drive
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE TD
NAME Justin Frankel
STREET ADDRESS 6142 Greenspointe Drive
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE D
NAME Paul Weiss
STREET ADDRESS 6077 Greenspointe Drive
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800006700028--3
-07/26/02--01028--010
*****61.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/9/02

Daytime Phone #

CR2E037B (12/01)