

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

04-07-2003 90717 008 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34754

1. Entity Name

CAMBRIDGE AT WYCLIFFE HOA, Inc.

Principal Place of Business

%

Mailing Address

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

55036739

APR 29 2003

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650284510

Applied For

Not Applicable

Zip

Country

Zip

Country

US

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

ST-JOHN, CORE, P.A.

1601 Forum Place STE 701

West Palm Bch, FL 33401

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]

Signature, typed or printed name of registered agent and title if applicable.

DAVID A. CORE Secretary 4.28.03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEES \$61.25

After September 12, 2001: min. will be \$206.25

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 (PD) ☐ Delete
NAME Fish, Michael
STREET ADDRESS 4750 Carlton Golf Dr.
CITY-ST-ZIP Lake Worth, FL 33467

TITLE (VPD) ☐ Delete
NAME Davidson, Steven
STREET ADDRESS 4718 Carlton Golf Dr.
CITY-ST-ZIP Lake Worth, FL 33467

TITLE (ETD) ☐ Delete
NAME Fadden, Edwin
STREET ADDRESS 4521 Carlton Golf Dr.
CITY-ST-ZIP Lake Worth, FL 33467

TITLE (D) ☐ Delete
NAME Siegel, Harvey
STREET ADDRESS 4662 Carlton Golf Dr.
CITY-ST-ZIP Lake Worth, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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] Michael Fish

4/2/03

561-641-3635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E137 (5/01)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

April 10, 2003

CAMBRIDGE AT WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.
21045 COMMERCIAL TRAIL
200
BOCA RATON, FL 33486 US

GRS Management Assoc.
3900 WOODLAKE BLVD #201
LAKE WORTH, FL 33463

Subject: ~~CAMBRIDGE AT WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.~~

Reference Number:

N34754

55036739

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ

ANNUAL REPORTS SECTION