2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State **DOCUMENT # N49601** GREATER AVENTURA - TURNBERRY CITIZENS ASSOCIATIO 05-28-2002 91503 006 ****61.25 N. INC. Principal Place of Business Mailing Address 20100 W COUNTRY CLUB DR P.O. BOX 800143 **AVENTURA FL 33280 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0724704 Not Applicable Zip Zip Country \$8.75 Additional Country 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GROSSMAN, GINGER 20100 W COUNTRY CLUB DR **APT 202** Zip Code **AVENTURA FL 33180** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (9/01 TITLE ☐ Addition TITLE PD ☐ Delete ☐ Change NAME GROSSMAN, GINGER NAME STREET ADDRESS STREET ADDRESS 20100 W COUNTRY CLUB DR., #201 CITY-ST-ZIP CITY-ST-ZIP <u> Aventura FL 33180</u> ☐ Addition ☐ Delete TITLE Change : TITLE NAME GROSSMAN, ARTHUR STREET ADDRESS STREET ADDRESS 20100 W COUNTRY CLUB DR., #201 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 Change ☐ Addition TITLE Delete TITLE EVERETTE, CHARLOTTE NAME NAME STREET ADDRESS STREET ADDRESS 20100 W COUNTRY CLUB DR. #201 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 SECY (SD) ALLEN ZELLER TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 2149 S. W. 30 th COURT 331 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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indicated on this report or supplemental report is true and agcurate 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

SIGNATURE: