

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91765 039 \*\*\*\*\*61.25

**DOCUMENT # N49601**

1. Entity Name

**GREATER AVENTURA - TURNBERRY CITIZENS ASSOCIATIO  
N, INC.**



Principal Place of Business

Mailing Address

**20100 W COUNTRY CLUB DR  
AVENTURA FL 33180**

**P.O. BOX 800143  
AVENTURA FL 33280**

2. Principal Place of Business

**20100 W COUNTRY CLUB DR**

3. Mailing Address

**P.O. BOX 800143**

Suite, Apt. #, etc.

**# 202**

Suite, Apt. #, etc.

**Aventura**

City & State

**Aventura FL**

City & State

**FLA**

Zip

**33180**

**FLA**

Zip

**33180**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0724704**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GROSSMAN, GINGER  
20100 W COUNTRY CLUB DR  
APT-202  
AVENTURA FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GROSSMAN, GINGER	
STREET ADDRESS	20100 W COUNTRY CLUB DR., #201-202	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROSSMAN, ARTHUR	
STREET ADDRESS	20100 W COUNTRY CLUB DR., #201-202	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZELLER, ALLEN	
STREET ADDRESS	2149 SW 30TH CT	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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]**

**REMOVED**

**4/29/03**

CR2E037 (10/02)