

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001220

1. Entity Name

GRAND ISLE AT WYNDHAM LAKES HOMEOWNERS ASSOCIATI

Principal Place of Business

12534 WILES ROAD  
CORAL SPRINGS FL 33076

Mailing Address

951 BROKEN SOUND PKWY  
STE 250  
BOCA RATON FL 33487-3506  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0740246

Applied For

Not Applicable

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

LARRY A. ROTHENBERG, P.A.  
900 NORTH FEDERAL HWY  
SUITE 460  
BOCA RATON FL 33432

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	DPAS	<input checked="" type="checkbox"/> Delete
NAME	MOSCOVITCH, LEWIS	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PERRY, CRAIG	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	MARGOLIS, STEPHEN	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ROY PRILOLO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5054 NW 120th AVE	
STREET ADDRESS	Coral Springs, FL 33076	
CITY-ST-ZIP	DPRESIDENT	
TITLE	BECKI EIKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12022 NW 49th Dr.	
STREET ADDRESS	Coral Springs FL 33076 D.V.P.	
CITY-ST-ZIP		
TITLE	Deane Coake	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12079 NW 50th Dr.	
STREET ADDRESS	Coral Springs	
CITY-ST-ZIP		
TITLE	Al Tunesada	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12040 NW 49th Dr.	
STREET ADDRESS	D. Treasura	
CITY-ST-ZIP		
TITLE	David Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	4904 NW 120 Ave	
CITY-ST-ZIP	DS	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90005 022 \*\*\*\*61.25

CR2E037 (9/99)