

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90139 029 \*\*\*\*61.25

**DOCUMENT # 707156**

1. Entity Name

**TOWNE APARTMENTS NO 2 ASSOCIATION INC., A CONDOMINIUM**

Principal Place of Business

Mailing Address

1825 N. 17TH CT., APT. 7  
 HOLLYWOOD FL 33020

1825 N. 17TH CT., APT. 7  
 HOLLYWOOD FL 33020

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

65-0046718

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERIO, FRANK  
 1825 N 17TH CT  
 HOLLYWOOD FL 33020

Name **RICHARD KOZLOWSKI**

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

**1825 N 17 COURT # 5**

City **HOLLYWOOD**

FL

Zip Code **33020**

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

*RICHARD KOZLOWSKI*

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

*Richard Kozlowski*

(NOTE: Registered Agent signature required when reinstating)

**2-7-02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPD YORK, ARTIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1825 NORTH 17TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	STD SERIO, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	1825 N 17TH CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	PD RAMSIT, RAMJAS	<input type="checkbox"/> Delete
STREET ADDRESS	1825 N 17TH CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	FELTON, STEVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1825 NORTH 17TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	NELSON LECHNER, FLORENCE E.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1825 NORTH 17TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD SERIO, FRANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1825 N 17TH CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	VPD RAMSIT, RAMJAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1825 N. 17TH CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	TD FELTON, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1825 N. 17TH CT APT. 10	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE NAME	PD KOZLOWSKI, RICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1825 N 17TH CT.	
CITY-ST-ZIP	HOLLYWOOD, FL.	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *RICHARD KOZLOWSKI* *Richard Kozlowski* **2-7-02** **954-924 3499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)