

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709317

1. Entity Name

TOWN HOUSE GARDENS, INC., A CONDOMINIUM

Principal Place of Business

9455 BAY HARBOR TERRACE  
BAY HARBOR ISLAND FL 33154

Mailing Address

C/O CREST PROPERTY MANAGEMENT, INC.  
PO BOX 452347  
SUNRISE FL 33345-2347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREST PROPERTY MGMT.  
4700 HIATUS ROAD  
SUITE 156  
SUNRISE FL 33351

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

*Donald R. Rusty*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BRAVERMAN, TOM  
STREET ADDRESS 9455 BAY HARBOR TERRACE  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

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

TITLE SD ☐ Delete  
NAME HEYDEMANN, ELLEN  
STREET ADDRESS 9455 BAY HARBOR TERRACE  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

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

TITLE TD ☐ Delete  
NAME JAMET, JANINE  
STREET ADDRESS 9455 BAY HARBOR TERRACE  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME YDania Ogundo  
STREET ADDRESS 9455 Bay Harbor Ter  
CITY-ST-ZIP Bay Harbor FL 33154

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D Meir Pann  
STREET ADDRESS 9455 Bay Harbor Ter  
CITY-ST-ZIP Bay Harbor FL 33154

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date Daytime Phone #

FILED  
Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90012 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1871372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

0017 00000