

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750741

1. Entity Name

DEER RUN SPRINGS CONDOMINIUM PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ROSEMARIE MADRI  
4353 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

% ROSEMARIE MADRI  
4353 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

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

65-0061792

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

MADRI, ROSEMARIE  
4353 CORAL SPRINGS DR  
CORAL SPRINGS FL 33065

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

*ROSEMARIE MADRI*

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

(NOTE: Registered Agent signature required when reinstating)

*Jan. 29, 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 PD ☒ Delete  
NAME KAUFMAN, ROSS  
STREET ADDRESS 4337 C.S. DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE PD ☒ Change ☐ Addition  
NAME ADOLFO BISECCO  
STREET ADDRESS 4345 CORAL SPRINGS DR  
CITY-ST-ZIP CORAL SPRINGS FL. 33065

TITLE VPD ☐ Delete  
NAME SINGLETON, PAT  
STREET ADDRESS 4341 CORAL SPRINGS DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE STD ☐ Delete  
NAME MADRI, ROSEMARIE  
STREET ADDRESS 4353 C.S. DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Rosemarie Madri*

*Jan 29, 02 954-753-4065*

CR2E037 (9/01)

FILED  
Mar 03, 2002 8:00 am  
Secretary of State

03-03-2002 90080 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE