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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01051**

1. Corporation Name

**CROWN COLONY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

C/O MIAMI MANAGEMENT, BROWARD OFFICE  
1189 SAWGRASS CORPORATE PARKWAY  
SUNRISE FLORIDA FL 33323  
US

Mailing Address

C/O MIAMI MANAGEMENT, BROWARD OFFICE  
1189 SAWGRASS CORPORATE PARKWAY  
SUNRISE FLORIDA FL 33323  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/23/1984

4. FEI Number

59-2519005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MIAMI MANAGEMENT INC  
1189 SAWGRASS CORPORATE PKWY  
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE  
NAME JOHN P YURGEALITIS JR  
STREET ADDRESS 2913 DORCHESTER LN  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE PD ☐ DELETE  
NAME MICHAEL TOUHEY  
STREET ADDRESS 2905 N EDGEHILL LN  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE D ☐ DELETE  
NAME MCCOY, MARIANNE  
STREET ADDRESS 2944 N CAMBRIDGE LN  
CITY-ST-ZIP COOPER CITY FL

TITLE D ☒ DELETE  
NAME LLANAS, PHIL  
STREET ADDRESS 2901 N BELMONT LN  
CITY-ST-ZIP COOPER CITY FL

TITLE TD ☐ DELETE  
NAME MCCOY, MARIANNE  
STREET ADDRESS 2944 N CAMBRIDGE LN  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

c/o John Yurgealitis ☒ Change ☐ Addition  
MIAMI MANAGEMENT, INC.  
1189 SAWGRASS CORPORATE PKWY

SUNRISE, FL 33323 ☒ Change ☐ Addition  
c/o Michael Touhey  
MIAMI MANAGEMENT, INC.  
1189 SAWGRASS CORPORATE PKWY

SUNRISE, FL 33323 ☒ Change ☐ Addition  
c/o Marianne McCoy  
MIAMI MANAGEMENT, INC.  
1189 SAWGRASS CORPORATE PKWY

SUNRISE, FL 33323 ☐ Change ☒ Addition

☐ Change ☐ Addition

c/o Margaret Sizemore ☐ Change ☐ Addition  
MIAMI MANAGEMENT, INC.  
1189 SAWGRASS CORPORATE PKWY

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Sizemore* **SIGNATURE REQUIRED** *March 27, 1999* 954-437-0356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)