AMENDED

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
09-12-2002 90083 032 ****61.25
N01051
02 SEP 19 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01051

1. Entity Name

CROWN COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT. BROWARD OFFICE 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FLORIDA FL 33323 US	14275 SW 142 AVENUE MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

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 59-2519005 ☐ 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
NACHMAN, IRV 4441 STIRLING ROAD FORT LAUDERDALE FL 33314	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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 / STREET ADDRESS / CITY-ST-ZIP	D JOHN P YURGEALITIS JR 1189 SAWGRASS CORPORATE PKY COOPER CITY FL 33026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIZEMORE, MARGARET 2917 N CAMBRIDGE LANE COOPER CITY FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARQUIS, JOY 2909 N EDGEHILL LANE COOPER CITY FL 33026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCCOY, MARIANNE 2944 N CAMBRIDGE LN COOPER CITY FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CROWLEY, PETER 2908 N EDGEHILL LANE HOLLYWOOD FL 33026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9/11 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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 Margaret A. Sizemore 8/21/2 954-450-6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # N01051

125265

1. Entity Name

CROWN COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT, BROWARD OFFICE 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FLORIDA FL 33323 US	14275 SW 142 AVENUE MIAMI FL 33186 US

Property
Date Recd
G/L Code
Amount
Approved by:
Ck #1185 Ck Dt
Date
DO NOT WRITE IN THIS SPACE

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 59-2519005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NACHMAN, IRV
4441 STIRLING ROAD
FORT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name: BAKALAR, BROUGH & CHADROW, PA
Street Address (P.O. Box Number is Not Acceptable): 1500 SEPINE ISLAND ROAD
SUITE 540
City: PLANTATION FL Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 9/6/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

After September 18, 2002 min. will be $236.25

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 / STREET ADDRESS / CITY-ST-ZIP	D JOHN P YURGEALITIS JR 1189 SAWGRASS CORPORATE PKY COOPER CITY FL 33026	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition STEVEN M URDEGAR 2912 N BELMONT LANE COOPER CITY, FL 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIZEMORE, MARGARET 2917 N CAMBRIDGE LANE COOPER CITY FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARQUIS, JOY 2909 N EDGEHILL LANE COOPER CITY FL 33026	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition AIIEN WEINSTOCK 2860 S EDGEHILL LANE COOPER CITY, FL 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCCOY, MARIANNE 2944 N CAMBRIDGE LN COOPER CITY FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CROWLEY, PETER 2908 N EDGEHILL LANE HOLLYWOOD FL 33026	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition MARY ELLEN FOLEY 2889 S EDGEHILL LANE COOPER CITY, FL 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Margaret A. Sizemore 8/31/2 954-450-6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #