

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750018

1. Entity Name

THE BRIG O'DOON CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90070 036 ****61.25

Principal Place of Business

TACKOS, CHARLES
911 NW 109 TERR
CORAL SPRINGS FL 33071
US

Mailing Address

~~P.O. BOX 39641~~
~~FT. LAUDERDALE FL 33339-9641~~

Wrong (apostrophe to show - please change 2/15/00)

2. Principal Place of Business

3. Mailing Address

911 NW 109 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33071

USA

4. FEI Number

59-2137149

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

TACKOS, CHARLES
911 NW 109 TERR
CORAL SPRINGS FL 33071

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

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 HOEFER, JANICE M.
STREET ADDRESS 604 N OCEAN BLVD # B-2
CITY-ST-ZIP POMPANO BEACH FL 83062

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

TITLE VPD ☐ Delete
NAME TURKOWSKI, NOREEN
STREET ADDRESS 16 ARBOR CT
CITY-ST-ZIP IRWIN PA 16542

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

TITLE TD ☐ Delete
NAME TACKOS, CHARLES
STREET ADDRESS 911 NW 109 TERR
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Janice M. Hofer* **RECEIVED** *Janice M. Hofer* *2/21/2000* *954-942-5428*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)