

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90016 031 \*\*\*\*61.25

**DOCUMENT # 747694**

1. Entity Name

**ANNIE'S CASTLE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**905 N.E. 28TH STREET  
WILTON MANORS FL 33334**

Mailing Address

**905 N.E. 28TH STREET  
WILTON MANORS FL 33334**

**00017270**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1926325**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BURNS, RONALD A  
905 NE 28 ST  
#204  
WILTON MANORS FL 33334**

Name **UROSEVICH, DUSANKA-DASHA**

Street Address (P.O. Box Number is Not Acceptable)  
**905 NE 28 ST. Apt. 205**

City **WILTON MANORS, FL** Zip Code **33334**

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 10, 2001  
DATE

**FILE NOW:  
FEE IS \$61.25**

**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 **VD**  
NAME **BUMBACA, ANTHONY R**  
STREET ADDRESS **005 NE 28 ST., #202**  
CITY-ST-ZIP **WILTON MANORS FL 33334**  
*ADDRESS CHANGE.*

TITLE **V.D.**  
NAME **BUMBACA, ANTHONY R**  
STREET ADDRESS **907 S.W. 17 STREET**  
CITY-ST-ZIP **FT. LAUDERDALE - FL - 33315**  
☒ Change ☒ Addition

TITLE **PD**  
NAME **SCHMIDT, CHARLES**  
STREET ADDRESS **905 NE 28 ST #203**  
CITY-ST-ZIP **WILTON MANORS FL 33334**  
☒ Delete

TITLE **PRESIDENT - DIRECTOR**  
NAME **MICHAEL ACCURSO**  
STREET ADDRESS **1704 N.E. 16 TERRACE**  
CITY-ST-ZIP **FT. LAUDERDALE - FL - 33305**  
☒ Change ☐ Addition

TITLE **SD**  
NAME **UROSEVICH, DASHA**  
STREET ADDRESS **905 NE 28 ST., #205**  
CITY-ST-ZIP **WILTON MANORS FL**  
☐ Delete

TITLE **STD**  
NAME **UROSEVICH, Dushanka-Dasha**  
STREET ADDRESS **905 NE 28 ST #205**  
CITY-ST-ZIP **WILTON MANORS, FL 33334**  
☐ Change ☒ Addition

TITLE **TD**  
NAME **BURNS, RONALD A**  
STREET ADDRESS **905 NE 28TH STREET, #204**  
CITY-ST-ZIP **WILTON MANORS FL 33334**  
☒ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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: *D. Urosevich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**954/565-1039**

CR2E037 (10/00)