

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90008 001 ****61.25

DOCUMENT # 750018

1. Entity Name

THE BRIG O'DOON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

604 N. OCEAN BLVD
 #B-2
 POMPANO BEACH FL 33062
 US

Mailing Address

604 N. OCEAN BLVD
 #B-2
 POMPANO BEACH FL 33062
 US

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

59-2137149

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~~ (gone for 3 yrs)
 604 N. OCEAN BLVD
 #B-2
 POMPANO BEACH FL 33062

Name

Janice Hofer

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

604 N. Ocean Blvd # B-2

City

Pompano Bch

FL

Zip Code

33062

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

Janice M. Hofer / **Janice M. Hofer** *President*

1-8-02

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **HOEFER, JANICE M.**
 CITY-ST-ZIP **604 N OCEAN BLVD # B-2**
POMPANO BEACH FL 33062

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

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

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **TANCOMA, JOSEPH**
 CITY-ST-ZIP **191 LINDENWOOD RD**
STATEN ISLAND NY 10308

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
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TITLE ☐ Delete
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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:

Janice M. Hofer / **Janice M. Hofer**

1-8-02 454-942-5428

CR2E037 (9/01)