

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747694

1. Entity Name

ANNIE'S CASTLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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 59-1926325

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

STD

UROSEVICH, DUSANKA-DASHA
905 NE 28 ST
#205
WILTON MANORS FL 33334

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

61.25

8.75

70.00

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 VD
NAME BUMBACA, ANTHONY R
STREET ADDRESS 907 S W 17 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☒ Delete

TITLE ~~VPD~~ VD
NAME ACCURSO, MICHAEL
STREET ADDRESS 1704 NE 16 TERR
CITY-ST-ZIP FORT LAUDERDALE, FL 33305 ☐ Change ☒ Addition

TITLE ~~VPD~~ VICE PRES. DIRECTOR
NAME ACCURSO, MICHAEL
STREET ADDRESS 1704 N E 16 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☒ Delete

TITLE PD
NAME CHRISTOPHER BRACE
STREET ADDRESS 905 NE 28 ST. Apt. 105
CITY-ST-ZIP WILTON MANORS, FL 33334 ☒ Change ☐ Addition PRESIDENT DIRECTOR

TITLE STD SECRETARY-TREAS.
NAME UROSEVICH, DASHA
STREET ADDRESS 905 NE 28 ST., #205
CITY-ST-ZIP WILTON MANORS FL 33334 ☐ Delete DIRECTOR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

DUSANKA-DASHA UROSEVICH, STD

JAN. 10, 2002

954-5651039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)