

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90164 031 \*\*\*\*61.25

**DOCUMENT # 743315**

1. Entity Name

**C. & C. CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 24444  
 OAKLAND PK FL 33307**

**P.O. BOX 24444  
 OAKLAND PK FL 33307**

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

**59-2266146**

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

**TIGHE, THOMAS J ESQ  
 800 E. BROWARD BLVD., SUITE 710  
 FORT LAUDERDALE FL 33301**

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 **D** ☒ Delete  
 NAME **DANDREANO, EDWARD**  
 STREET ADDRESS **667 CYPRESS LANE**  
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **SECRETARY** ☐ Change ☒ Addition  
 NAME **AMANDA MAHLER**  
 STREET ADDRESS **661 CYPRESS LANE**  
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **DT** ☒ Delete  
 NAME **DECKER, THOMAS**  
 STREET ADDRESS **663 CYPRESS LANE**  
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **MARY ELLEN SPARROW**  
 STREET ADDRESS **666 KENSINGTON PL**  
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **D** ☒ Delete  
 NAME **STRENNEN, LOU**  
 STREET ADDRESS **660 KENSINGTON PL**  
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **TREASURER** ☒ Change ☐ Addition  
 NAME **LOU STRENNEN**  
 STREET ADDRESS **660 KENSINGTON PL.**  
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **D** ☒ Delete  
 NAME **BROWN, CHALMERS**  
 STREET ADDRESS **670 KENSINGTON PLACE**  
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **DANIEL COTLOWITZ**  
 STREET ADDRESS **4 COVENTRY WAY**  
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **D** ☒ Delete  
 NAME **MUNTZEL, ERIC**  
 STREET ADDRESS **675 CYPRESS LANE**  
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **JDM WORSHAM**  
 STREET ADDRESS **653 CYPRESS LANE**  
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **DS** ☐ Delete  
 NAME **COTLOWITZ, DANIEL**  
 STREET ADDRESS **4 COVENTRY WAY**  
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **CAROL GIBSON**  
 STREET ADDRESS **671 CYPRESS LANE**  
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

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:

**LOUIS STRENNEN**

**4/26/02**

**954-563-4509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)