## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 706397

1. Entity Name

## TOWN COLONY CONDOMINIUM CORPORATION, INC.

Principal Place	of Business	Mailing Address						
C/O BRUCE D. DICKSON 2916 FUNSTON ST. APT 47 HOLLYWOOD FL 33020		C/O BRUCE D. DICKSON 2916 FUNSTON ST. APT 47 HOLLYWOOD FL 33020			UNAWALAT			
					EEN ATUR ENRE NING IRNI IRR			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	4. FEI Number 59-1708878 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Current Re	egistered Agent		7. Name and	Address of New Regis	stered Agent		
	'		Name.	Horizon	Mainte	inare.		
DICKSON	, BRUCE D		Street &	ddress (P.O. Box Numb		- C :#		
	ISTON ST. APT 47			02/1 N.	1912 AV	C, Suele		
HOLLYWO	OOD FL 33020		- 00					
			City	olliwood	d	FL Zp Code	124	
8. The above	named entity submits this statement for t	he purpose of changing its	registered office of	or registered agent, or bo	th, in the state of Florida	a.		
SIGNATURE.	Signatur, typed or print on name of registered agent en	d title if applicable. (NOT	E: Registered Agent signa	sture required when reinstating)		DATE		
		<u> </u>			<del></del>			
FILE NOW: 9. Election Can		9. Election Campaign	n Financing	<b>\$5.00</b> May Be	Make C	heck Payable to		
	FEE IS \$61.25	Trust Fund Contrib	oution.	Added to Fees	Depai	rtment of State		
10.	OFFICERS AND DIRE	CTORS	111.	ADDITIONS/CH	L IANGES TO OFFICERS	AND DIRECTORS IN	10	
TITLE	D	☐ ¹elete	TITLE			☐ Change	Addition	
NAME	CLEWIS, GAYLE	• ' '	NAME	Brenda Gli			`	
STREET ADDRESS	2918 FUNSTON ST		STREET ADDRESS CITY-ST-ZIP	コタスコレル モ くいつす	on St JEL 3307	э <b>Л</b>	,	
CITY-ST-ZIP	HOLLYWOOD FL 33020	<u> </u>	·	Hollywood	, FC 330.		No Assess	
TITLE NAME	D President / Treasurer ESTELLE, KAIRR	☐ Delete	TITLE NAME	AL GAJen	iski.	☐ Change	Addition	
STREET ADDRESS	2918 FUNSTON ST		STREET ADDRESS	1 4	TVA ST			
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	Holly wood	JEC 3302	. 0		
TITLE	PD	Delete	TITLE	mickey	1.40D	Change	Addition	
NAME	DICKSON, BRUCE D	<b>,</b> .	NAME	michael & 2917 DONK	all ST		•	
STREET ADDRESS CITY-ST-ZIP	2916 FUNSTON ST.		STREET ADDRESS CITY-ST-ZIP	Hollywood,	E1 3302	Δ		
· · · · · · · · · · · · · · · · · · ·	HOLLYWOOD FL 33020	Delete	TITLE	1 0		☐ Change	Addition	
TITLE NAME	AUERBACK, MARY	L.I Delete	NAME	DIANE Joh	NSON		- AMUITOIT	
STREET ADDRESS	2916 FUNSTON ST		STREET ADDRESS	DQU. FUT	MUN 8T			
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	Hollywood	MIN 87 PL 3302	0		
TITLE	D	☐ Delete	TITLE	7, ,,,,,,,,	(	☐ Change	☐ Addition	
NAME	ANELLO, JUNE		NAME					
STREET ADDRESS	ZOTO I COMMETT OT		STREET ADDRESS	5				
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP					
TITLE	D Secretary	☐ Delete	TITLE			☐ Change	Addition Addition	
NAME STREET ADDRESS	MESSINA, MARIE 2918 FUNSTON ST #39		NAME STREET ADDRESS	s				
CITY-ST-ZIP	EUITAMOUD EI		CITY-ST-ZIP					

**FILED** Mar 01, 2001 8:00 am

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nnavnt#T ·												
	DO NO	OT WRITE IN THIS	SPACE									
4. FEI Number	59-170	)8878		lied For Applicable								
5. Certificate of		<del>-</del>	\$8.75 Addit	ional								
7. Name and	Address of Ma	New Registered	Agent									
P.O. Box Numbe	J. N.J. AC	ptable)	Suite									
1111000	<del></del>	FL	Zip Code	7.1								
ed agent, or both	n, in the sta	te of Florida.	-1530	29								
	_											
when reinstating)		DATE										
Make Check Payable to to Fees Department of State												
	ANGES TO	OFFICERS AND D			6							
l Preside 2nda Glic 8 Funsti Illuwand		33020	☐ Change	Addition	CR2E037 (10//09							
GALew	SK!		☐ Change	Addition	CR2E							
18 Fungr	*** T***	3 302 0			<u> </u>							
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Mywood,	th.	33020	☐ Change	Addition								
WE John IL FUTV Hywood	USON	7	Jimig	- Alman								
Mywood,	<u> </u>	2 2000	☐ Change	Addition								
			☐ Change	Addition								
			Orrange									

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:

stelle Karr

ESTElleKORK

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR