

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-15-2002 90005 047 \*\*\*\*61.25

**DOCUMENT # 706397**

1. Entity Name

**TOWN COLONY CONDOMINIUM CORPORATION, INC.**

Principal Place of Business

Mailing Address

~~670 BRUCE D. DICKSON  
 2916 FUNSTON ST. APT 47  
 HOLLYWOOD FL 33020~~

~~670 BRUCE D. DICKSON  
 2916 FUNSTON ST. APT 47  
 HOLLYWOOD FL 33020~~

2. Principal Place of Business

3. Mailing Address

**3211 N. 74th Ave**

Suite, Apt. #, etc.

**Suite 1**

City & State

**Hollywood FL**

Zip

**33024**

Country  
**FLORIDA**

4. FEI Number

**59-1708878**

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

**HORIZON MAINTENANCE  
 3211 N 74TH AVENUE STE 1  
 HOLLYWOOD FL 33024**

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 of registered agent or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]* **1-25-02**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLEWIS, GAYLE</b> <b>2918 FUNSTON ST</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>DT</b> <b>ESTELLE, KARA</b> <b>2918 FUNSTON ST</b> <b>HOLLYWOOD FL 33020</b></del> <b>Treasurer</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>PD</b> <b>KRAPP, MICHAEL</b> <b>2917 PLUNKETT STREET</b> <b>HOLLYWOOD FL 33020</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>AUERBACK, MARY</b> <b>2916 FUNSTON ST</b> <b>HOLLYWOOD FL 33020</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANELLO, JUNE</b> <b>2915 PLUNKETT ST.</b> <b>HOLLYWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MESSINA, MARIE</b> <b>2918 FUNSTON ST #39</b> <b>FOLLYWOOD FL</b>	<input type="checkbox"/> Delete <b>Secretary</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>ROSA LATTY</b> <b>2916 FUNSTON ST #51</b> <b>HOLLYWOOD, FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. BRENDA GLIDDON</b> <b>2918 FUNSTON ST.</b> <b>HOLLYWOOD FL. 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. ALBIN GAJEWSKI</b> <b>2918 FUNSTON ST.</b> <b>HOLLYWOOD FL. 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*[Handwritten Signature]* **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)