

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90238 039 \*\*\*\*61.25

DOCUMENT # 706397



1. Entity Name  
**TOWN COLONY CONDOMINIUM CORPORATION, INC.**

Principal Place of Business  
**C/O BRUCE D. DICKSON  
2916 FUNSTON ST. APT 47  
HOLLYWOOD FL 33020**

Mailing Address  
**3211 N. 74TH AVENUE  
SUITE 1  
HOLLYWOOD FL 33024**

**10012011**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1708878**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Handwritten Signature]* **Office Manager** **1-10-2003**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLEWIS, GAYLE</b>	
STREET ADDRESS	<b>2918 FUNSTON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KARR, ESTELLE</b>	
STREET ADDRESS	<b>2918 FUNSTON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LATTEY, ROSA</b>	
STREET ADDRESS	<b>2916 FUNSTON ST., #51</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>GLIDDON, BRENDA</b>	
STREET ADDRESS	<b>2918 FUNSTON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANELLO, JUNE</b>	
STREET ADDRESS	<b>2915 PLUNKETT ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MESSINA, MARIE</b>	
STREET ADDRESS	<b>2918 FUNSTON ST #39</b>	
CITY-ST-ZIP	<b>FOLLYWOOD FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Handwritten Signature]* **REDACTED**

CR2E037 (10/02)