

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

DOCUMENT # 716814

1. Entity Name

CRYSTAL COURT MANOR NO. 14 CONDOMINIUM, INC.



Principal Place of Business

1550 NORTH 12 COURT
HOLLYWOOD FL 33019

Mailing Address

1550 NORTH 12 COURT
HOLLYWOOD FL 33019

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 06-0095868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOSIER, MARYANN
1554 N 12TH CT UNIT 9A
HOLLYWOOD FL 33019

Name Lois Goodhue

Street Address (P.O. Box Number is Not Acceptable)

1550 N 12th CT 1A

Hollywood, FL

City

FL

Zip Code

33019

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

Lois Goodhue

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/04
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	PD	<input checked="" type="checkbox"/> Delete
NAME	VANONESE, SAMUEL B	
STREET ADDRESS	1554 NORTH 12 CT., 11A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BELLUSCI, GLORIA	
STREET ADDRESS	1554 NORTH 12 CT., 12B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOSIER, MARYANN	
STREET ADDRESS	1554 NORTH 12 CT., 9A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	T	<input type="checkbox"/> Delete
NAME	VISCARDI, SEBASTIAN	
STREET ADDRESS	1550 N 12TH CT 2B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWLOR, RICHARD	
STREET ADDRESS	1550 N. 12TH CT., 3B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PASCIOLLA, ANGELO	
STREET ADDRESS	1554 N 12TH CT 15 A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bellusci, Gloria	
STREET ADDRESS	1554 N 12th CT 12B	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH, ERALD	
STREET ADDRESS	1550 N 12th CT 2B	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS Goodhue	
STREET ADDRESS	1550 N 12th CT 1A	
CITY-ST-ZIP	Hollywood, FL 33019	
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		
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:

SIGNATURE REQUIRED

Sebastian Viscardi 03-04-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #