

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716815

1. Entity Name

CRYSTAL COURT MANOR NO. 15 CONDOMINIUM, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90042 020 ****61.25

Principal Place of Business

1555 N 12TH COURT
HOLLYWOOD FL 33019-3218

Mailing Address

1555 N 12TH COURT
HOLLYWOOD FL 33019-3269

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

59-1761594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGISTRINI, FRANK
1555 N. 12TH CT., APT. 5B
HOLLYWOOD FL 33019

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 **TD** ☐ Delete
NAME **MAGISTRINI, FRANK**
STREET ADDRESS **1555 N 12 CT**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BLAIS, PAUL**
STREET ADDRESS **1551 N 12 CT**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **P** ☐ Change ☐ Addition
NAME **WILLIAM BAKER**
STREET ADDRESS **1555 N. 12 CT**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VPD** ☒ Delete
NAME **CHARBANNEAU, LOU**
STREET ADDRESS **1551 N 12 CT**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VP** ☐ Change ☐ Addition
NAME **JOSEPH MARCIANO**
STREET ADDRESS **1551 N. 12 CT.**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **ANNUNGIATA, MARTIN**
STREET ADDRESS **1555 N. 12TH CT.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ Change ☐ Addition
NAME **MARTIN ANNUNZIATA**
STREET ADDRESS **1555 N. 12 CT.**
CITY-ST-ZIP **HOLLYWOOD, FL.**

TITLE **DS** ☐ Delete
NAME **WELSCH, MILDRED**
STREET ADDRESS **1551 N. 12TH CT**
CITY-ST-ZIP **HOLLYWOOD FL.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MONTEMARNE, ARMY**
STREET ADDRESS **1551 N 12TH COURT**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK MAGISTRINI 3-8.00(954)9218394

Date

Daytime Phone #

CR2E037 (9/99)