

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716815

1. Entity Name

CRYSTAL COURT MANOR NO. 15 CONDOMINIUM, INC.

FILED

Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90036 007 ****61.25

Principal Place of Business

1555 N 12TH COURT
HOLLYWOOD FL 33019-3218

Mailing Address

1555 N 12TH COURT
HOLLYWOOD FL 33019-3218

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete
NAME P
STREET ADDRESS BAKER, WILLIAM
CITY-ST-ZIP 1555 N. 12TH CT
HOLLYWOOD FL

TITLE ☐ Delete
NAME D
STREET ADDRESS MOREA, ROSE
CITY-ST-ZIP 1555 N 12TH COURT
HOLLYWOOD FL

TITLE ☒ Delete
NAME VP
STREET ADDRESS ANNUNSIATA, MARTIN
CITY-ST-ZIP 1555 N. 12TH CT.
HOLLYWOOD FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-02 (954) 921-8394

CR2E037 (9/01)