

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 721834

1. Entity Name
CROMWELL EAST, INC.



FILED

2007 OCT 25 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~1777 SE 15TH STREET~~
~~FT LAUDERDALE, FL 33316~~

Mailing Address
~~1777 SE 15TH STREET~~
~~FT LAUDERDALE, FL 33316~~



2. Principal Place of Business - No P.O. Box #
United Community Mgt.
Suite, Apt. #, etc.
11784 W. Sample Rd. #103

3. Mailing Address
11784 W. Sample Rd.
Suite, Apt. #, etc.
#103

10052007 Chg-NP CR2E037 (12/06)

City & State
Coral Springs

City & State
Coral Springs, FL

4. FEI Number
59-1542434

Applied For
Not Applicable

Zip
33065

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POLIAKOFF, GARY A.
3111 STIRLING RD.
FT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent
Name
United Community Mgt. Corp.
Street Address (P.O. Box Number is Not Acceptable)
11784 W. Sample Road #103
City
CORAL SPRINGS FL Zip Code
33065

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: Rouen Kallanias U.P. Finance United Comm Mgmt 10/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHELAN, THOMAS 1617 SW 15TH ST. #406 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIGNORELLI, JOSEPH 1777 SE 15TH ST. #409 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERLIN, CHRISTOPHER 1777 SE 15TH ST #517 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SONYA 1777 SE 15TH ST #33316 FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST JOHN, VINCENT 1791 SW 110TH TERR DAVIE, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANO, ROBERT 1777 SE 15TH STREET, #410 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300111556003 10/31/07--01048--021 **61.25
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 checked="" type="checkbox"/> Addition SD Harshfield, David 1777 S.E. 15th St. #104 Fort. Laud. FL 33316
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 exemptions contained in Chapter 119, 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: David Harshfield David Harshfield 10-18-07
Signature and typed or printed name of signing officer or director Date Daytime Phone #