

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90941 029 \*\*\*\*61.25

0019103

**DOCUMENT # 724580**

1. Entity Name  
**TALLWOOD NORTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1600 TALLWOOD AVE  
HOLLYWOOD FL 33021**

Mailing Address  
**1600 TALLWOOD AVE  
HOLLYWOOD FL 33021**

2. Principal Place of Business  
**Same**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1514653** 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**

**CRANE, STEVEN A  
1600 TALLWOOD AVE  
APT #308  
HOLLYWOOD FL 33021**

**7. Name and Address of New Registered Agent**

Name  
**Same**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CRANE, STEVEN A</b> <b>1600 TALLWOOD AVE #308</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BPD</b> <b>BERNSTEIN, STEVEN</b> <b>4320 WASHINGTON ST.</b> <b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAURE, ROBERT</b> <b>4320 WASHINGTON ST #316</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I</b> <b>WHALEY, IRENE</b> <b>1600 TALLWOOD AVE #202</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STRUM, CARRIE</b> <b>4320 WASHINGTON ST #418</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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**

**01-31-03 (954) 846-9400**

CR2E037 (10/02)