

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725722

1. Entity Name

DORSYTHE COLONY ASSOCIATION, INC.

Principal Place of Business

6800 NW 75TH STREET
TAMARAC FL 33321

Mailing Address

7100 NW 76TH STREET
TAMARAC FL 33321

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HUNGARMAN, THOMAS
6800 NW 75 COURT
TAMARAC FL 33321

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	P	<input type="checkbox"/> Delete
NAME	HUNGARMAN, THOMAS	
STREET ADDRESS	6800 NW 75 COURT	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ABATELLO, BARBARA	
STREET ADDRESS	7109 NW 75 ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, LEO	
STREET ADDRESS	7418 N.W. 71ST AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAVELLO, CAROLINA	
STREET ADDRESS	6904 NW 74 PLACE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARIN, MARY	
STREET ADDRESS	7511 NW 73 AVE	
CITY-ST-ZIP	TAMARAC FL 33-3321	
TITLE	D	<input type="checkbox"/> Delete
NAME	HROMULAK, JIRINA	
STREET ADDRESS	7516 NW 66 TERR	
CITY-ST-ZIP	TAMARAC FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARIN, MARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7511 NW 73 AVE	
STREET ADDRESS	TAMARAC, FL 33321	
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sophie PENCHANSKY	
STREET ADDRESS	7422 NW 71 AVE	
CITY-ST-ZIP	TAMARAC, FL 33321	
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:

RECEIVED REQUIRED

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90041 015 ****61.25

B0022086



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1516366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)

1/22/02 954-720-7650