

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729635

1. Entity Name

CROSS BRIAR CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91391 050 ****61.25

0019761

Principal Place of Business 7501-07-KIMBERLY BLVD NORTH LAUDERDALE FL 33068	Mailing Address 9365 W SAMPLE ROAD #203 CORAL SPRINGS FL 33065 US
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2. Principal Place of Business 9365 W SAMPLE ROAD	3. Mailing Address
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Suite, Apt. #, etc. SUITE # 203	Suite, Apt. #, etc.
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City & State CORAL SPRINGS, FL	City & State
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Zip 33065	Country US	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2093357	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SAATHOFF, ANNE M C/O CMA 9365 W SAMPLE RD #203 CORAL SPRINGS FL 33065	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ECHELMEIER, MARYELLEN 9365 W SAMPLE RD #203 CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCLERUIL, SHANDA 9365 W. SAMPLE RD #203 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDIE, JUDY 9365 W SAMPLE RD #203 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, CRAIG 9365 W SAMPLE RD #203 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRILLO, JAMES 9365 W SAMPLE RD #203 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EATON, TINA 9365 W SAMPLE RD #203 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, ELAINE 9365 W SAMPLE RD #203 CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, JAMETTE 9365 W. SAMPLE RD #203 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input checked="" 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]

954-752-4796

CR2E037 (9/01)