

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90162 022 \*\*\*\*61.25

**DOCUMENT # 729635**

1. Entity Name  
**CROSS BRIAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**9365 W SAMPLE ROAD  
SUITE 203  
CORAL SPRINGS FL 33065**

Mailing Address

**9365 W SAMPLE ROAD  
#203  
CORAL SPRINGS FL 33065  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 8506**

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS, FL**

Zip

**33075**

Country

4. FEI Number **59-2093357**

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

**SAATHOFF, ANNE M  
C/O CMA  
9365 W SAMPLE RD #203  
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **BUCLERVIL, SUANDA**  
STREET ADDRESS **9365 W SAMPLE RD #203**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☒ Delete  
NAME **DOWDIE, JUDY**  
STREET ADDRESS **9365 W SAMPLE RD #203**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VD** ☒ Delete  
NAME **MASSEY, CRAIG**  
STREET ADDRESS **9365 W SAMPLE RD #203**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** ☒ Delete  
NAME **GRILLO, JAMES**  
STREET ADDRESS **9365 W SAMPLE RD #203**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **STD** ☒ Delete  
NAME **EATON, TINA**  
STREET ADDRESS **9365 W SAMPLE RD #203**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☒ Delete  
NAME **HAMILTON, JANETTE**  
STREET ADDRESS **9365 W SAMPLE RD #203**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **GRILLO, JAMES**  
STREET ADDRESS **P.O. Box ~~8506~~ 8506**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

TITLE **STD** ☐ Change ☒ Addition  
NAME **EATON, TINA**  
STREET ADDRESS **P.O. Box 8506**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

TITLE **VD** ☐ Change ☒ Addition  
NAME **MASSEY, CRAIG**  
STREET ADDRESS **P.O. Box 8506**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

TITLE **D** ☐ Change ☒ Addition  
NAME **DOWDIE, JUDY**  
STREET ADDRESS **P.O. Box 8506**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

TITLE **D** ☐ Change ☒ Addition  
NAME **OLAH, BARBARA**  
STREET ADDRESS **P.O. Box 8506**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

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: **WILLIAM F. REQUIED**

954-752-4796

CR2E037 (10/02)