

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744668**

1. Entity Name

CRANBROOK TOWN HOME OWNERS ASSOCIATION, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90118 024 ****61.25

Principal Place of Business

% CREST PROPERTY MANAGEMENT, INC.
PO BOX 452347
SUNRISE FL 33345
US

Mailing Address

% CREST PROPERTY MANAGEMENT, INC.
PO BOX 452347
SUNRISE FL 33345-2347
US

COUNCIL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2145387

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CREST PROPERTY MGMT
4700 HIATUS RD 156
SUNRISE FL 33345

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

Don Castano
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)*1/19/00*
DATE**FILE NOW:**
FEE IS \$61.259. 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	VP	<input type="checkbox"/> Delete
NAME	RENARD, CHUCK	
STREET ADDRESS	4577 NW 9TH AVE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WATTERSON, JAMES	
STREET ADDRESS	4661 NW 9TH AVE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, HENRY	
STREET ADDRESS	4517 NW 9 AVE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARRIETO, BETTY	
STREET ADDRESS	933 NW 45TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALTON, MYRA	
STREET ADDRESS	4589 NW 9TH AVE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Henry Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #