

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744668

1. Entity Name

CRANBROOK TOWN HOME OWNERS ASSOCIATION, INC.

FILED
May 16, 2001 8:00 am,
Secretary of State

05-16-2001 90396 012 ****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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2145387

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREST PROPERTY MGMT
 4700 HIATUS RD 156
 SUNRISE FL 33345

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 Cortez*
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)

TITLE VP ☐ Delete
 NAME RENARD, CHUCK
 STREET ADDRESS 4577 NW 9TH AVE
 CITY-ST-ZIP POMPANO BCH FL 33064

TITLE Sec D ☐ Change ☒ Addition
 NAME LORI ROSS
 STREET ADDRESS 921 NW 45th St
 CITY-ST-ZIP POMPANO BCH FL 33064

TITLE DT ☒ Delete
 NAME WATTERSON, JAMES
 STREET ADDRESS 4661 NW 9TH AVE
 CITY-ST-ZIP POMPANO BCH FL 33064

TITLE TD ☐ Change ☒ Addition
 NAME Nye Wood house
 STREET ADDRESS 4673 NW 9th Ave
 CITY-ST-ZIP POMPANO BCH FL 33064

TITLE PD ☐ Delete
 NAME HERNANDEZ, HENRY
 STREET ADDRESS 4517 NW 9 AVE
 CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME ARRIETO, BETTY
 STREET ADDRESS 933 NW 45TH ST
 CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☒ Delete
 NAME BALTON, MYRA
 STREET ADDRESS 4589 NW 9TH AVE
 CITY-ST-ZIP POMPANO BCH FL 33064

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Emilia J. DeMond

4/14/01

CR2E037 (10/00)