

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746709

1. Entity Name

212 BRINY AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

INC.
212 BRINY AVENUE
POMPANO BEACH FL 33062

INC.
212 BRINY AVENUE
POMPANO BEACH FL 33062-5801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK, LINDSEY
212 BRINY AVE
#4
POMPANO BEACH FL 33062

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME O'GORMAN, GERRY
STREET ADDRESS 212 BRINY AVE B2
CITY-ST-ZIP POMPANO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PSD
NAME LINDSEY, MARK
STREET ADDRESS 212 BRINY AVE A4
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME FRAIZER, GAINES
STREET ADDRESS 212 BRINY AVE B3
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME PRICE, JOSIE
STREET ADDRESS 212 BRINY AVE A2
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2000

954-946-1681

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90108 049 ****61.25

800802



DO NOT WRITE IN THIS SPACE