

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90449 029 \*\*\*\*61.25

DOCUMENT # 746709 ✓

1. Entity Name

212 BRINY AVENUE CONDOMINIUM ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

212 Briny Ave

Suite, Apt. #, etc.

3. Mailing Address

212 Briny Ave

Suite, Apt. #, etc.

B-4

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

591926845

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

33062

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Rick Wilson

Street Address (P.O. Box Number is Not Acceptable)

212 Briny Ave - B-4

City

Pompano Beach

FL

Zip Code

33062

**DO NOT WRITE  
IN THIS SPACE**

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

Rick Wilson

Rick Wilson

4/28/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
Michael Anderson  
212 Briny Ave - B-3  
Pompano Beach, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Rick Wilson  
212 Briny Ave - B-4  
Pompano Beach, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Sue Wilson  
212 Briny Ave - B-4  
Pompano Beach, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Dave Harris  
212 Briny Ave - A-2  
Pompano Beach, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rick Wilson

4/28/02

954-753-7986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED37B (12/01)