

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90009 046 ****61.25

AU024105



DO NOT WRITE IN THIS SPACE

DOCUMENT # 747694

1. Entity Name

ANNIE'S CASTLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

905 N.E. 28TH STREET
 WILTON MANORS FL 33334

905 N.E. 28TH STREET
 WILTON MANORS FL 33334-3750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1926325

Applied For

Not Applicable

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

BURNS, RONNIE A
 905 NE 28 ST
 #204
 WILTON MANORS FL 33334

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:
FEES 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BUMBACA, ANTHONY R	
STREET ADDRESS	905 NE 28 ST., #202	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARON, LYNN	
STREET ADDRESS	905 NE 28TH STREET, #201	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	SD	<input type="checkbox"/> Delete
NAME	UROSEVICH, DASHA	
STREET ADDRESS	905 NE 28 ST., #205	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNS, RONALD A	
STREET ADDRESS	905 NE 28TH STREET, #204	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUMBACA, ANTHONY R	
STREET ADDRESS	905 N.E 28 ST # 202	
CITY-ST-ZIP	WILTON MANORS - FL - 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SCHMIDT	
STREET ADDRESS	905 N.E 28 ST. # 203	
CITY-ST-ZIP	WILTON MANORS - FL - 33334	
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		

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

2/23/2000

Date

Daytime Phone #

CR2E037 (9/99)