

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90009 005 ****61.25

DOCUMENT # 747694

1. Entity Name

ANNIE'S CASTLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

34017430



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

BROWARD

Zip

Country

BROWARD

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

BRACE, CHRISTOPHER

905 NE 28 ST

APT 105

FORT LAUDERDALE FL 33334

WILTON MANORS, FL 33334

Name **BRACE, CHRISTOPHER**

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

905 NE 28 ST, Apt, 105

City

WILTON MANORS

FL

Zip Code

33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christopher LeBrace

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **STD** ☒ Delete
NAME **UROSEVICH, DASHA**
STREET ADDRESS **905 NE 28 ST., #205**
CITY-ST-ZIP **WILTON MANORS FL 33334**

TITLE **PD** ☒ Delete
NAME **BRACE, CHRISTOPHER**
STREET ADDRESS **905 NE 28 ST APT 105**
CITY-ST-ZIP **WILTON MANORS FL 33334**

TITLE **VD** ☒ Delete
NAME **GOGOLA, HEATHER**
STREET ADDRESS **905 NE 28ST APT. 209**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **UROSEVICH D.**
STREET ADDRESS **905 NE 28 ST. Apt, 205**
CITY-ST-ZIP **WILTON MANORS, FL 33334**

TITLE **PRESIDENT, DIR.** ☒ Change ☐ Addition
NAME **GOGOLA, HEATHER**
STREET ADDRESS **905 NE 28 ST APT 209, WILTON MANORS**
CITY-ST-ZIP **FL 33334**

TITLE **SECR. - TREASURER** ☒ Change ☐ Addition
NAME **BRACE, CHRISTOPHER**
STREET ADDRESS **905 NE 28 ST. APT. 105**
CITY-ST-ZIP **WILTON MANORS FL 33334**

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

TITLE ☐ Change ☐ Addition
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:

Christopher LeBrace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04

Date

Daytime Phone #