

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90110 016 ****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**

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

**UROSEVICH, DUSANKA-DASHA
905 NE 28 ST
#205
WILTON MANORS FL 33334**

7. Name and Address of New Registered Agent

Name **BRACE, CHRISTOPHER**

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

905 NE 28 STREET, 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 Brace

3.30.03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ACCURSO, MICHAEL	
STREET ADDRESS	1704 N E 16 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	STD	<input type="checkbox"/> Delete
NAME	UROSEVICH, DASHA	
STREET ADDRESS	905 NE 28 ST., #205	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRACE, CHRISTOPHER	
STREET ADDRESS	905 NE 28 ST APT 105	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHER GOGOLA	
STREET ADDRESS	905 NE 28 ST APT. 209	
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		
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:

Dusanka Dasha Urosevich **DUSANKA DASHA UROSEVICH**

March 30, 2003

CR2E037 (10/02)