

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45675

1. Entity Name

COLONY COURTS TWO CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90319 012 *****61.25

0047973

Principal Place of Business

ZIGMUND J. SIECKOWSKI
3885 NW 122ND TERRACE
SUNRISE FL 33323
US

Mailing Address

ZIGMUND J. SIECKOWSKI
3885 NW 122ND TERRACE
SUNRISE FL 33323
US

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

65-0316501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIECKOWSKI, ZIGMUND J
3885 NW 122ND TERRACE
SUNRISE FL 33323

7. Name and Address of New Registered Agent

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

TITLE VPD ☐ Delete
NAME SIECKOWSKI, ZIGMUND J
STREET ADDRESS 3885 NW 122ND TERRACE
CITY-ST-ZIP SUNRISE FL 33323

TITLE STD ☐ Delete
NAME ROCKER, ALAN
STREET ADDRESS 3887 NW 122ND TERRACE
CITY-ST-ZIP SUNRISE FL 33323

TITLE PD ☐ Delete
NAME JANICE, BARBARA
STREET ADDRESS 3881 NW 122ND TERRACE
CITY-ST-ZIP SUNRISE FL 33323

TITLE D ☐ Delete
NAME GUSSLIN, JEAN
STREET ADDRESS 3879 N.W. 122 TERRACE
CITY-ST-ZIP SUNRISE FL 33323

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 ☐ 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

TITLE ☐ Change ☐ Addition
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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:

Zigmund J. Sieckowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

954-572-4986

Daytime Phone #

CR2E037 (10/00)