

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0074713

DOCUMENT # N45675

1. Entity Name

COLONY COURTS TWO CONDOMINIUM ASSOCIATION, INC.

04-08-2002 90075 006 ****61.25

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

DAVID FORTEZA

3. Mailing Address

DAVID FORTEZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3836 NW 122ND TERRACE

3836 NW 122ND TERRACE

City & State

City & State

SUNRISE FL

SUNRISE FL

Zip

Country

Zip

Country

33323

US

33323

US

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

7. Name and Address of New Registered Agent

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

Name
FORTEZA, DAVID

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

3836 NW 122ND TERRACE

City

SUNRISE

FL

Zip Code

33323

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

David Forteza

3-25-02

Signature, typed or printed name of registered agent and title (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SIECKOWSKI, ZIGMUND J	
STREET ADDRESS	3885 NW 122ND TERRACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROCKER, ALAN	
STREET ADDRESS	3887 NW 122ND TERRACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JANICE, BARBARA	
STREET ADDRESS	3881 NW 122ND TERRACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUSSLIN, JEAN	
STREET ADDRESS	3879 N.W. 122 TERRACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTEZA, DAVID	
STREET ADDRESS	3836 NW 122ND TERRACE	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUTI, SAMANTHA	
STREET ADDRESS	3838 NW 122ND TERRACE	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, BOBBY	
STREET ADDRESS	3877 NW 122ND TERRACE	
CITY-ST-ZIP	SUNRISE, FL 33323	
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:

David Forteza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 954-553-9339

Date

Daytime Phone #

CR2E037 (9/01)