

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000005310**

1. Entity Name

**COLLEGE GARDENS NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

**ATTUCKS MIDDLE SCHOOL  
HOLLYWOOD FL 33020**

Mailing Address

**P.O. BOX 374  
DANIA FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0642461**

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

**PETERMAN, JANICE  
717 SW 4TH TERRACE  
DANIA BEACH FL 33004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERMAN, JANICE B	
STREET ADDRESS	717 SW 4TH STREET	
CITY-ST-ZIP	DANIA FL 33004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	1VPD	<input type="checkbox"/> Delete
NAME	BLACKMAN, BRENDA	
STREET ADDRESS	718 SW 4TH STREET	
CITY-ST-ZIP	DANIA FL 33004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	2VPD	<input type="checkbox"/> Delete
NAME	JONES, ALBERT C	
STREET ADDRESS	722 S.W. 3RD STREET	
CITY-ST-ZIP	DANIA FL 33004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FSD	<input type="checkbox"/> Delete
NAME	PENN, LUCYE	
STREET ADDRESS	754 SW 3RD ST	
CITY-ST-ZIP	DANIA FL 33004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	ARMSTRONG, BERNICE	
STREET ADDRESS	718 S.W. 4TH STREET	
CITY-ST-ZIP	DANIA BEACH FL 33004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CS	<input type="checkbox"/> Delete
NAME	SMALL, LOUISE	
STREET ADDRESS	305 J A ELY BLVD.	
CITY-ST-ZIP	DANIA BEACH FL 33004	

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: *Janice B. Peterman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2001

Date

(954) 925-2417

Daytime Phone #

CR2E037 (10/00)