

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90125 012 ****61.25

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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0642461**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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
Florida 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	1VPD	<input type="checkbox"/> Delete
NAME	BLACKMAN, BRENDA	
STREET ADDRESS	718 SW 4TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	JONES, ALBERT C	
STREET ADDRESS	722 S.W. 3RD STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	PENN, LUCYE	
STREET ADDRESS	754 SW 3RD ST	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARMSTRONG, BERNICE	
STREET ADDRESS	718 S.W. 4TH STREET	
CITY-ST-ZIP	DANIA BEACH FL 33004	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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: *Lucy W. Penn* **1/29/03** **954 907-2383**