

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000023

1. Entity Name

N.W. 29TH STREET HOMEOWNERS ASSOCIATION OF SUNRI

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90063 027 ****61.25

Principal Place of Business

Mailing Address

12250 N.W. 29TH STREET
SUNRISE FL 33323

12250 N.W. 29TH STREET
SUNRISE FL 33323-1508

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

65-0637832

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

GRANNIS, WILLIAM E
12250 N.W. 29TH STREET
SUNRISE FL 33323

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 ☐ Delete
NAME GRANNIS, WILLIAM E
STREET ADDRESS 12250 N.W. 29TH STREET
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BLAINE, SERGE
STREET ADDRESS 11340 NW 29 ST.
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME KREISLER, BETH
STREET ADDRESS 11440 N.W. 29STREET
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☒ Change ☐ Addition
NAME ~~KREISLER, BETH~~
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEMOREY, FRITZ
STREET ADDRESS 11400 NW 29 ST
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JACK, JOYCE
STREET ADDRESS 11460 NW 29 ST
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME HIDNES, LIBBY
STREET ADDRESS 12310 NW 29STREET
CITY-ST-ZIP SUNRISE FL 33323

TITLE DIRECTOR ☐ Change ☒ Addition
NAME AL KREISLER
STREET ADDRESS 11440 N.W. 29 ST
CITY-ST-ZIP SUNRISE, FL 33323

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:

WILLIAM E. GRANNIS

3-27-00

954-741-1986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)