

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90295 009 \*\*\*\*61.25

**DOCUMENT # N97000002342**

1. Entity Name

**NORTH 29 COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1401 UNIVERSITY DRIVE  
 SUITE 200  
 CORAL SPRINGS FL 33071

1401 UNIVERSITY DRIVE  
 SUITE 200  
 CORAL SPRINGS FL 33071-6088

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0830862**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, MARK F**  
**200 E BROWARD BLVD**  
**15 FLOOR**  
**FORT LAUDERDALE FL 33301**

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

| 10. OFFICERS AND DIRECTORS |                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|----------------------------|-----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>DP</b> <input type="checkbox"/> Delete           | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SILAS, LESLIE</b>                                | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>1401 UNIVERSITY DR, STE 200</b>                  | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>CORAL SPRINGS FL 33071</b>                       | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <b>DV</b> <input type="checkbox"/> Delete           | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COSTELLO, RICHARD A</b>                          | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>1401 UNIVERSITY DR, STE 200</b>                  | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>CORAL SPRINGS FL 33071</b>                       | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <b>V</b> <input checked="" type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRENNAN, NEIL</b>                                | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>1401 UNIVERSITY DR, STE 200</b>                  | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>CORAL SPRINGS FL 33071</b>                       | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <b>DST</b> <input type="checkbox"/> Delete          | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NORWALK, RICHARD M</b>                           | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>1401 UNIVERSITY DR, STE 200</b>                  | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>CORAL SPRINGS FL 33071</b>                       | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete                     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                                     | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                                     | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete                     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                                     | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                                     | 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:** *RICHARD M. NORWALK* **RICHARD M. NORWALK, SECRETARY**

04/25/00

954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #