

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

0036681

**DOCUMENT # N97000002342**

1. Entity Name

**NORTH 29 COMMUNITY ASSOCIATION, INC.**

**NORTH 29 HOMEOWNERS ASSOCIATION INC**

04-27-2001 90286 005 \*\*\*\*61.25

Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071	Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

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 <b>65-0830862</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this s

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of re

tered office or registered agent, or both, in the state of Florida.

\_\_\_\_\_  
Registered Agent signature required when reinstating

DATE \_\_\_\_\_

**FILE NOW:**  
**FEES 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILAS, LESLIE <input checked="" type="checkbox"/> Delete 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSTELLO, RICHARD A <input type="checkbox"/> Delete 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NORWALK, RICHARD M <input checked="" type="checkbox"/> Delete 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDREOZZI, DEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1401 UNIVERSITY DRIVE, STE 200 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ARKIN, RICHARD A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1401 UNIVERSITY DRIVE, STE 200 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 A. Costello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/01 954-753-1730  
 Date Daytime Phone #

CR2E037 (10/00)