

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000081

1. Entity Name

CRANWELL HOUSE ASSOCIATION, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90007 002 ****61.25

Principal Place of Business

54 ISLE OF VENICE
FORT LAUDERDALE FL 33301

Mailing Address

54 ISLE OF VENICE
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0848418

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSON, LOUIS C ESQ
224 COMMERCIAL BLVD
STE 310
LAUDERDALE BY THE SEA FL 33308-4443

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
After September 13, 2000 min. will be \$236.25

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
NAME CASTAGNA, PATRICK A ☐ Delete
STREET ADDRESS 54 ISLE OF VENICE, UNIT 8
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE STD
NAME BELL, KERTTU H ☐ Delete
STREET ADDRESS 54 ISLE OF VENICE, UNIT 6
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE V
NAME FERRARO, JOSEPH ☐ Delete
STREET ADDRESS 175 JASON STREET
CITY-ST-ZIP ARLINGTON MA 02174

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

TITLE D
NAME DE LUCA, PETER E ☐ Delete
STREET ADDRESS 54 ISLE OF VENICE, UNIT 4
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patrick A. Castagna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK A. CASTAGNA

Date

7/10/00

Daytime Phone #

(954) 527-4549

CR2E037 (5/00)