

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000081

1. Entity Name

CRANWELL HOUSE ASSOCIATION, INC.

Principal Place of Business

54 ISLE OF VENICE
FORT LAUDERDALE FL 33301

Mailing Address

1881 NE 26 STREET
223
FORT LAUDERDALE FL 33305-1400

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

65-0848418

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

TILBROOK, JAMES K
1881 NE 26 STREET
#223
FORT LAUDERDALE FL 33305

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASTAGNA, PATRICK A 54 ISLE OF VENICE, UNIT 8 FORT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRASER, THOMAS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELL, KERTTU H 54 ISLE OF VENICE, UNIT 6 FORT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTAGNA	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRARO, JOSEPH 175 JASON STREET ARLINGTON MA 02174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, HOWARD	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LUCA, PETER E 54 ISLE OF VENICE, UNIT 4 FORT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARO, JOSEPH	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARO, ANTHONY	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pat Castagna

Date

Daytime Phone #

4/26/02
(954) 568-4700



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)