

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90354 046 \*\*\*150.00

**DOCUMENT # P01000045436**

1. Entity Name

**TOR-PALMS TOWNHOUSE ASSOCIATION, INC.**

Principal Place of Business

**3217 NE 13TH STREET UNIT 101  
POMPANO BEACH FL 33062**

Mailing Address

**3217 NE 13TH STREET UNIT 101  
POMPANO BEACH FL 33062**

2. Principal Place of Business

**3225 NE 13th St. #201**

3. Mailing Address

**3225 NE 13th St #201**

Suite, Apt. #, etc.

**Pompano Beach, Fl.**

Suite, Apt. #, etc.

**Pompano Beach, Fl.**

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

**33062**

Country

**USA**

Zip

**33062**

Country

**USA**

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

**LEGEL, LARRY**

**5100 N FEDERAL HWT STE 409  
FT LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **O**

**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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **WINSTON, ROBERT M**  
STREET ADDRESS **P.O. BOX 11640**  
CITY-ST-ZIP **FT LAUDERDALE FL 33339**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Treasurer/Dir.**  
NAME **Bill Manville**  
STREET ADDRESS **3217 N.E. 13th St., Apt. 201**  
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Secretary/Dir.**  
NAME **Fran McDonald**  
STREET ADDRESS **3217 N.E. 13th St., Apt. 102**  
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Vice President/Dir.**  
NAME **Shelly Couper Crupi**  
STREET ADDRESS **3217 N.E. 13th St., Apt. 202**  
CITY-ST-ZIP **Pompano Beach, FL 33062**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE** *Robert M Winston*

**2-13-2**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT WINSTON** Date

Daytime Phone #

CR2E034 (9/01)