

COMPLAINT AFFIDAVIT
 SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

BROWARD COUNTY
 ARREST #

ARREST FORM

OBTS #

Filing Agency Broward County Sheriff's Office		Offense Report 07-1402-001684		Local ID #		FDLE		FBI		SS#													
Defendant's Last Name CHANGAR-COE								First MICHELLE		Middle ADRIAN		SUF		Alias/Street Name		USA		Citizenship					
Race W		Sex F		Hgt 500		Eyes BROWN		Hair BROWN		Wgt 180		Comp MED		Age 44		DOB 05-11-70		Birthplace California		Scars, marks, TT			
Permanent Address 5601 NW 50th Ave Tamarac, FL 33319										Local Address same													
Residence Type <input checked="" type="checkbox"/> (1) City <input type="checkbox"/> (2) County <input type="checkbox"/> (3) Florida <input type="checkbox"/> (4) Out of State										Place of Employment										Length			
How long defendant in Broward County				Breathalyzer by/CCN				Reading				Place of Arrest 555 SE 1 Ave				Date / Time arrested 08/08/14 1:00 PM				Arresting Officer CCN Stone/16663			
Officer Insured Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Unit		Zone		Beat		Shift		Trans Unit		PMD Y <input type="checkbox"/> N <input type="checkbox"/>		Transporting Officer CCN				Pick-up time Time arrived at BSO				Drug Type	
Type N-NA A-Amphetamine		B-Barbiturate C-Cocaine E-Heroin		H-Hallucinogen M-Marijuana O-Opium		P-Paraphernalia/ Equipment S-Synthetic		U-Unknown Z-Other		Activity N P-Possession S-Sell		B-Buy T-Traffic A-Smuggle D-Deliver		E-Use M-Manufacture Produce/ Cultivate		K-Dispose/ Distribute Z-Other		Indication of Alcohol Inf		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNS <input type="checkbox"/>		Drug Inf Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNS <input type="checkbox"/>	

Attach Defendant's Photo		Defendant's Vehicle		Type		Year		Color		VIN#	
Vehicle towed to		Tag #		Other Identifiers or remarks							

Name of Victim(s) (If corporation, exact legal name and state of incorporation)		ADDRESS		PHONE #	
Mainlands Seven Maintenance Corp Inc		4914 NW 57th St, Tamarac, FL 33319			
John Gray		4912 NW 58th St, Tamarac, FL 33319		954-675-4149	
Count #	Offenses Charged	Citation # if Applicable	FS or Capias/Warrant #		
1	GRAND THEFT FIRST DEGREE > \$100000		812 014-2a1		
2	FRAUD/IMPRSN-USE ID OF ANOTHER W/O CONSENT \$50K+		817 568-2c		
3	FRAUD/IMPRSN-USE ID OF ANOTHER W/O CONSENT \$50K+		817 568-2c		
4	FRAUD/IMPERSON-USE ID ANOTHER W/O CONSENT \$5K+		817.568-2b		
5	FRAUD/IMPERSON-USE ID ANOTHER W/O CONSENT \$5K+		817 568-2b		

Probable Cause Affidavit

Before me this date personally appeared Detective Scott Stone who being first duly sworn deposes and says that on 02 day of May, 2011 at 5601 NW 50th Ave, Tamarac, FL (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows:

DEF Michelle Changar served on the Mainlands Seven Maintenance Corp Inc Homeowners Association as President from January 2009 through December 2013. DEF produced a fraudulent agreement that obligated the Mainlands Seven Maintenance Corp Inc Homeowners Association to pay a "City Liaison" at a cost of \$2,575.00 per month. No such position existed with the City of Tamarac according to two city officials who provided sworn statements. Beginning May 2011 through November 2013, DEF invoiced the Mainlands Seven Maintenance Corp Inc Homeowners Association for a City Liaison payable to Michelle Changar and deposited those checks into her personal account bearing name Michelle Changar. Bank statements for the DEF obtained via subpoena show the checks deposited into the DEF's account. An investigation revealed outgoing funds were used to pay personal expenses of the DEF. DEF did knowingly obtain the funds of the Mainlands Seven Maintenance Corp Inc Homeowners Association with the intent to deprive the Mainlands Seven

I swear the above statement is correct and true to the best of my knowledge and belief.

[Signature] Officer/Affiant's Signature Stone/16663 Officer's Name/CCN CID/ECU Officer's Division

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 7th day of August, 2014 who is personally known to me or who has produced (ID type) known to me as identification and who did (did or did not) take an oath.

[Signature] DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY [Signature] TITLE OR RANK/CCN

SEVENTEENTH JUDICIAL CIRCUIT
 BROWARD COUNTY
 STATE OF FLORIDA

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION)

Distribution
 Original - Court
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SP/CO/29154-12524

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