

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90022 043 \*\*\*\*70.00

**DOCUMENT # 728740**

1. Entity Name

**THE COLONIES OF MARGATE MOBILE HOMEOWNERS ASSOCI**

Principal Place of Business

Mailing Address

6103 COLONIAL DRIVE  
 MARGATE FL 33063

6103 COLONIAL DRIVE  
 MARGATE FL 33063-5643

813758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

MARCONI, FRED  
 2904 N.W. 61ST AVE  
 MARGATE, FL 33063

Name  
**LEON BEAUREGARD**

Street Address (P.O. Box Number is Not Acceptable)  
 6418 N.W. 28th STREET

MARGATE, FLORIDA 33063

City  
**MARGATE, FL** Zip Code  
**33063**

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 LEON BEAUREGARD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Leon Beauregard*

2-15-00

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	MARCONI, FRED	
STREET ADDRESS	2904 NW 61ST AVE.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WASHBURN, ROBERT	
STREET ADDRESS	6702 N.W. 29TH ST.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARGUILO, FRANK	
STREET ADDRESS	6802 N.W. 29TH ST.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SESROCHES, JACQUELINE	
STREET ADDRESS	6714 N.W. 29TH PLACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FINE, SAMUEL	
STREET ADDRESS	2904 N.W. 64TH TERRACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAPELLI, ANNE	
STREET ADDRESS	2914 N.W. 65TH TERR.	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER COPPOLINO	
STREET ADDRESS	6412 COLONIAL DRIVE	
CITY-ST-ZIP	MARGATE, FLORIDA 33063	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFONSO DESALVATORE	
STREET ADDRESS	6801 N.W. 29th PLACE	
CITY-ST-ZIP	MARGATE, FLORIDA 33063	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY CARLUCCI	
STREET ADDRESS	6014 COLONIAL DRIVE	
CITY-ST-ZIP	MARGATE, FLORIDA 33063	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUELINE DESROCHES	
STREET ADDRESS	6714 N.W. 29th PLACE	
CITY-ST-ZIP	MARGATE, FLORIDA 33063	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON BEAUREGARD	
STREET ADDRESS	6418 N.W. 28th STREET	
CITY-ST-ZIP	MARGATE, FLORIDA 33063	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE CAPELLI	
STREET ADDRESS	2914 N.W. 65th TERRACE	
CITY-ST-ZIP	MARGATE, FLORIDA 33063	

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: LEON BEAUREGARD  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00 (954) 977-5242  
 Date Daytime Phone #