

2001 UNIFORM BUSINESS REPORT (UBR)

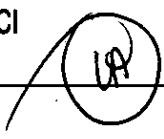
FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90142 028 ****61.25

DOCUMENT # 728740

1. Entity Name

THE COLONIES OF MARGATE MOBILE HOMEOWNERS ASSOCI



Principal Place of Business

**6103 COLONIAL DRIVE
 MARGATE FL 33063**

Mailing Address

**6103 COLONIAL DRIVE
 MARGATE FL 33063**

DU063923



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

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

**BEAUREGARD, LEON
 6418 NW 28TH STREET
 MARGATE, FL 33063**

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 LEON BEAUREGARD

Leon Beauregard

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 12, 2001, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	COPPOLINO, PETER	6412 COLONIAL DRIVE	MARGATE FL 33063	<input checked="" type="checkbox"/>	PD	BEAUREGARD, LEON	6418 NW 28th STREET	MARGATE, FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	DESALVATORE, ALFONSO	6801 NW 29TH PLACE	MARGATE FL 33063	<input type="checkbox"/>	VD	REIN, ALICE	6366 BRANDYWINE DRIVE NORTH	MARGATE, FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	CARLUCCI, NANCY	6014 COLONIAL DRIVE	MARGATE FL 33063	<input checked="" type="checkbox"/>	VD	CAPPELLI, ANNE	2914 NW 65th TERRACE	MARGATE, FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	DESROCHES, JACQUELINE	6714 N.W. 29TH PLACE	MARGATE FL 33063	<input type="checkbox"/>	VD	DESROCHES, JACQUELINE	6714 NW 29th PLACE	MARGATE, FL 33063	<input type="checkbox"/>	<input type="checkbox"/>
T	FINE, SAMUEL	2904 N.W. 64TH TERRACE	MARGATE FL 33063	<input checked="" type="checkbox"/>	T	DESALVATORE, ALFONSO	6801 NW 29th PLACE	MARGATE, FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	CAPPELLI, ANNE	2914 N.W. 65TH TERR.	MARGATE FL 33063	<input type="checkbox"/>	S	MCGONNELL, JOANNE	6354 NW 29th PLACE	MARGATE, FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 *Leon Beauregard* 7-20-01 954-977-5242

CR2E037 (5/01)