NOT-FOR-PROFIT CORPORATION

Apr 07, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 04-07-2002 90567 043 ****70.00 1. Entity Name COLONIES of MARGATE H.O.A.INC. 759107 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6103 COLONIAL DRIVE SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable MARGATE. BROWARD Country \$8.75 Additional 33063-5643 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent FRED MARCONI DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)_ IN THIS SPACE 2904 NW 61th AVE 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 FRED MARCONI (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. CR2E037B (12/01 TITLE TITLE lst VICE PRES. NAME NAME Joann McGonnell STREET ADDRESS STREET ADDRESS 6354 NW 29th PL CITY-ST-ZIP CITY-ST-ZIP IARGATE,FL ##) TITLE TITLÈ 2nd VICE PRES. NAME NAME ANTOINETTE CAPPELLI Markgate, Fl 33063 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE SEC Y. L6414 SAYOGAL DR. NAME NAME STREET ADDRESS STREET ADDRESS MARGATE, FL. 33063 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 7904 NWF 64th Ave. NAME NAME STREET ADDRESS STREET ADDRESS MARGATE, FL. 33063 CITY-ST-ZIP CITY-ST-ZIP TITLE

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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED