

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91337 002 \*\*\*\*61.25

0052034

**DOCUMENT # 741447**

1. Entity Name  
**COLONY WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**22097 COLONY DRIVE**      **22097 COLONY DRIVE**  
**BOCA RATON FL 33433**      **BOCA RATON FL 33433**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

00021030



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-1898633**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WHITE, CLAIR F.**  
**25 S. ANDREWS AVENUE**  
**SUITE 600**  
**FORT LAUDERDALE FL 33302**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINGER, HAROLD</b> <b>5881 COLONY CT</b> <b>BOCA RATON FL 33433</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PAUL, BARBARA</b> <b>5913 COLONY CT.</b> <b>BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NUNNALLY, SUSAN</b> <b>5975 COLONY ST</b> <b>BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NUNNALLY, SUSAN</b> <b>5975 COLONY CT.</b> <b>BOCA RATON, FL 33433</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>GLASCOM, HENRY</b> <b>22002 COLONY DRIVE</b> <b>BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>GLASCOM, HENRY</b> <b>22002 COLONY DRIVE</b> <b>BOCA RATON, FL 33433</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PREVITI, SAM</b> <b>22029 COLONY DRIVE</b> <b>BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PREVITI, SAM</b> <b>22029 COLONY DRIVE</b> <b>BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JEANTET, CLAIRE</b> <b>22041 COLONY DR</b> <b>BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>b</b> <b>ZEBELL, LOU</b> <b>27628 COLONY DRIVE</b> <b>BOCA RATON, FL, 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FUSARI, ALBERT</b> <b>5860 COLONY CT</b> <b>BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CERONI, PHIL</b> <b>5948 COLONY CT.</b> <b>BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED      2/23/01      561-338-3224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)