

2000 UNIFORM BUSINESS REPORT (UBR)

3/2.

FILED
May 15, 2000 8:00 am
Secretary of State

03-02-2000 90088 028 ****70.00

DOCUMENT # 749977

1. Entity Name

LAKE COLONY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CMD MANAGEMENT, INC.
 3082 JOG ROAD
 LAKE WORTH FL 33467
 US

C/O CMD MANAGEMENT, INC.
 3082 JOG ROAD
 LAKE WORTH FL 33467-2053
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TAC Property Mgt., Inc
 Suite, Apt. #, etc.
6346-65 Lantana Rd., #11-D

3. Mailing Address

TAC Property Mgt., Inc
 Suite, Apt. #, etc.
6346-65 Lantana Rd., #11-D

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number
59-1971312

Applied For
 Not Applicable

Zip
33463 Country
Palm Beach

Zip
33463 Country
Palm Beach

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

6. Name and Address of Current Registered Agent

ROSENTHAL, DAVID C
 C/O CMD MANAGEMENT, INC.
 3082 JOG RD.
 LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name
THOMAS A. CRISPYN
 Street Address (P.O. Box Number is Not Acceptable)
TAC Property Management, Inc
6346-65 Lantana Rd., #11-D
 City
LAKE WORTH, FL Zip Code
FL 33463

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 **THOMAS A. CRISPYN, LCAM** **THOMAS A. CRISPYN, LCAM 2/22/2000**
 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

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PELCHAT, BETH	
STREET ADDRESS	4051-D PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BCH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ELLEN	
STREET ADDRESS	4091-A PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BCH FL 33406	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BEIRIGER, TERI LEA	
STREET ADDRESS	4068-A PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARACI, LISA	
STREET ADDRESS	4244-A PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BCH FL 33406	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, JO ANNE	
STREET ADDRESS	4039 C PALM BAY CIRCLE	
CITY-ST-ZIP	W PALM BCH. FL 33406	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, STEVE	
STREET ADDRESS	4099-D PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BCH FL 33406	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl T. Siano	
STREET ADDRESS	4232-B Palm Bay Circle	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Bradbury	
STREET ADDRESS	4204-A Palm Bay Circle	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PB Engel	
STREET ADDRESS	4111-C Palm Bay Circle	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Faraci	
STREET ADDRESS	4244-A Palm Bay Circle	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Harris	
STREET ADDRESS	4051-D Palm Bay Circle	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacqueline Hansel	
STREET ADDRESS	4020-A Palm Bay Circle	
CITY-ST-ZIP	West Palm Beach, FL 33406	

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: Carl T. Siano** **AGENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
3/24/2000 963-9898
PRESIDENT, Board of Directors

CRE037 (9/99)