

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90073 026 \*\*\*\*61.25

001-3

**DOCUMENT # 749977**

1. Entity Name  
**LAKE COLONY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**TAC PROPERTY MGT., INC**      **TAC PROPERTY MGT., INC**  
**5346-65 LANTANA RD # 11-D**      **5346-65 LANTANA RD # 11-D**  
**LAKE WORTH FL 33463**      **LAKE WORTH FL 33463**  
**US**      **US**



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      **59-1971312**      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

**CRISPYN**  
~~CRISPTON, THOMAS A~~  
**TAC PROPERTY MANAGEMENT, INC**  
**6396-65 LANTANA RD #11-D**  
**LAKE WORTH FL 33463**

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 \_\_\_\_\_  
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIARTO, CARL T</b> <b>4232-B PALM BAY CIRCLE</b> <b>WEST PALM BEACH FL 33406</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SIARTO, CARL T.</b> <b>4232-B Palm Bay Circle</b> <b>West Palm Beach, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRADBURY, KAREN</b> <b>4204-A PALM BAY CIRCLE</b> <b>WEST PALM BEACH FL 33406</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bradbury, Karen</b> <b>4204-A Palm Bay Circle</b> <b>West Palm Beach, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ENGEL, PB</b> <b>4111-C PALM BAY CIRCLE</b> <b>WEST PALM BEACH FL 33406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARACI, FRANK</b> <b>4244-A PALM BAY CIRCLE</b> <b>WEST PALM BCH FL 33406</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>HARRIS, JOHN</b> <b>4051-D PALM BAY CIRCLE</b> <b>WEST PALM BEACH FL 33406</b>      <input checked="" type="checkbox"/> Delete</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>S</b> <b>David S. Tollotson</b> <b>4035-A Palm Bay Circle</b> <b>West Palm Beach, FL 33406</b>      <input type="checkbox"/> Change      <input checked="" type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANSEL, JACQUELINE</b> <b>4020-A PALM BAY CIRCLE</b> <b>WEST PALM BEACH FL 33406</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Hansel, Jacqueline</b> <b>4020-A Palm Bay Circle</b> <b>West Palm Beach, FL 33406</b> <input type="checkbox"/> Change <input checked="" 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: *Jacqueline Hansel*      SIGNATURE OF REGISTERED AGENT: *Jacqueline Hansel*      Date: *1/29/2001*      Daytime Phone #: *561 963-9898*

CR2E037 (10/00)