2000 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # 763222** COLONY DON PEDRO PROPERTY OWNERS' ASSOCIATION, I 04-10-2000 90176 047 ****61.25 Principal Place of Business Mailing Address 900 E. PINE STREET STE. 126 900 E, PINE STREET STE. 126 ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-4457 2. Principal Place of Business 3. Mailing Address 7025 Placida Road 7025 Placida Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Englewood, FL City & State 4. FEI Number Applied For Englewood, FL 59-2377071 Not Applicable ^{Zip} 34224 Country USA Country USA \$8.75 Additional 34224 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. -7.-Name and Address of New Registered Agent----Anne_Merry Street Address (P.O. Box Number is Not Acceptable) 7025 Placida Road TOWNSEND, JAMES D. 900 E. PINE STREET STE. 126 ENGLEWOOD FL 34223 City Zip Code 34224 Englewood, FL 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. Anne Merry, Property Manager Signature, typed or punted name of registered agent and title if applicable. 1/26/00 Make Check Payable to -FILE NOW: 9. - Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. XAddition TD XX Delete TITLE TITLE BAKS, PETER 913 CENTERBROOK DRIVE LESLIE, RICHARD NAME **CR2E037** STREET ADDRESS STREET ADDRESS PO BOX 5200 NA BRANDON, FL CITY-ST-ZIP CITY-ST-ZIP **GROVE CITY FL** XX Delete Addition TITLE ☐ Change DIF KAPLAN, STANLEY 2930 PLANTATION ROAD BATTERTON, MARY L NAME NAME STREET ADORESS 1000 GRIZZLY CT STREET ADDRESS CITY-SI-ZIP CITY-ST_ZIP apopka-fl-WINTER-HAVEN,-FLvpd THEF ☐ Change ✓ Addition TITLE ☐ Delete SCAROLA, JAMIE NAME NAME DALE, HENRY 532 LADRONE. STREET ADDRESS 416 DUMONT ST STREET ADDRESS TAMPA, FL CITY-ST-7IP CITY-ST-ZIP **NEW PORT RICHEY FL** Addition TITLE ☐ Change TITLE Delete HARRISON, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 386 FIRETHORN AVE CITY-ST-ZIP CITY-ST-7IP ENGLEWOOD FL SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE MARONE, KRISTEN NAME NAME STREET ADDRESS STREET ADDRESS 1345 EVALYN DR SE CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

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