

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90067 026 ****61.25

DOCUMENT # 763222

1. Entity Name

COLONY DON PEDRO PROPERTY OWNERS' ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**7025 PLACIDA ROAD
 ENGLEWOOD FL 34224**

**7025 PLACIDA ROAD
 ENGLEWOOD FL 34224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2377071**

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

**MERRY, ANNE
 7025 PLACIDA ROAD
 ENGLEWOOD FL 34224**

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	D	<input type="checkbox"/> Delete
NAME	DAKS, PETER	
STREET ADDRESS	913 CENTERBROOK DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, STANLEY	
STREET ADDRESS	2930 PLANTATION ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DALE, HENRY	
STREET ADDRESS	416 DUMONT ST	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, JAMES	
STREET ADDRESS	386 FIRETHORN AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARONE, KRISTEN	
STREET ADDRESS	1345 EVALYN DR SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCAROLA, JAMIE	
STREET ADDRESS	532 LADRONE	
CITY-ST-ZIP	TAMPA FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex MacKinnon	
STREET ADDRESS	334 Blanca Avenue	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Pritchard	
STREET ADDRESS	P.O. Box 485	
CITY-ST-ZIP	Colmar, PA 18915	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Forester	
STREET ADDRESS	2218 Center Street	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 941)697-2192

Date

Daytime Phone #

CR2E037 (9/01)