## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 763222**

1. Entity Name

## COLONY DON PEDRO PROPERTY OWNERS' ASSOCIATION, I NC.



FILED
Apr 11, 2003 8:00 am :
Secretary of State

04-11-2003 90171 034 \*\*\*\*61.25

Principal Plac	ce of Busines:	s /	Mailir	ng Address								
7025 PLACIDA ROAD			7025 PLACIDA ROAD									
ENGLEWOOD FL 34224				WOOD FL 34224								
2. Principal F	Place of Busin	ness	3. Ma	iling Address								
									2.0., 2.2.,			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number <b>50-9277071</b> Applied For				
Oity & State				Only a blate				4. FEI Number <b>59-2377071</b>			$\vdash$	ot Applicable
Zip		Country	Zi	ip	Cou	ntry		5. Certificate of S	Status Desired	<b>\$</b>	8.75 Ac	
							·			F6	e Requir	ed
	6. Name	and Address of Current	Register	ed Agent		Name		7. Name and Add	dress of New Regis	stered Ag	ent	<del> · -</del>
) (EDDV						Name						
:MERRY,	ANNE ACIDA ROAL	· ~	ترجية ك			=Street Address:(P.O.:Box.Number:is;Not.Acceptable)						
	OOD FL 34				ŀ					<del></del>		
		<del></del> ·			}	City					Zin Co	
						City				FL	Zip Co	ie.
		y submits this statement fo	or the purp	oose of changing its	registere	d office o	r registere	ed agent, or both, in	the State of Florida	. I am far	miliar with	, and accept
the obligation	tions of regist	ered agent.										
SIGNATURE	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	: Registered	Agent signal	ture required	when reinstating)		DATE		
							· · · · · · · · · · · · · · · · · · ·		T"			
		FFF 10 404 05		9. Election Can	npaign Fi	nancing		\$5.00 May Be	Make	Check	Pavable	to
FILE NOW: FEE IS \$61.25				Trust Fund C	_					partment of State		
									<u> </u>			
10.	in.	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHANG	SES TO OFFICERS /			
TITLE NAME	D Daks, Pe	TED.		☐ Delete	TITLE		DT	DETEN		XI	Change	☐ Addition
STREET ADDRESS		erbrook drive				T ADDRESS		, PETER CENTERBROO	ע המזער			
CITY-ST-ZIP	BRANDON					ST-ZIP		DON FL	K DKIVE			
TITLE	D			□ Delete	TITLE		DRAIN	I/UN FL		ſ	Change	Addition
NAME	PRITCHAR	D, AL			NAME					•		
STREET ADDRESS	PO BOX 4				STREE	T ADDRESS	1					
CITY-ST-ZIP	COLMAR 6	PA 18915			CITY-	ST-ZIP						
TITLE	VPD	•		<b>XX</b> Delete	TITLE		PD			[	Change	XX Addition
NAME	DALE, HE		_	- =	NAME		MACK	INNON, ALEX				
	416 DUMC					T ADDRESS*	334	BEANCATAVE	òc	<del>~ · · · · · · · · · · · · · · · · · · ·</del>		
CITY-ST-ZIP		T RICHEY FL			_	ST-ZIP	I AMP.	A, FL 336	OD		<b>-</b>	
TITLE	D EODESTEE	R, DONALD		☐ Delete	TITLE					[	Change	☐ Addition
NAME STREET ADDRESS		TER STREET			NAME	T ADDRESS						
ČITY-ST-ZIP	I .	00K IL 60062				ST-ZIP						
INTE	SD			XX Delete	TITLE		C D	······································		r	Change	Addition
NAMÉ	MARONE,	KRISTEN		*** Determ	NAME		SD	TT, JAMES		·	onange	XX
STREET ADDRESS		YN DR SE				T ADDRESS	4688	QUARRY RI	DGE TRATI			
CITY-ST-ZIP	WINTER H				CITY-	ST-ZIP	ROCK		1101			
TITLE	D			XXDelete	TITLE		D			[	Change	X 🔀 Addition
NAME	SCAROLA,	JAMIE			NAME		BENN	ETT, BRUCE			=	
STREET ADDRESS	532 LADRO					T ADDRESS	100∠	S. ASHLEY I	DR.,STE 830	)		
CITY-ST-ZIP	TAMPA FL			•	CITY-	ST-ZIP	LAMP.	A, FL 3360	UZ			

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:

TEXESPELLENGEDER Quest

3/2/03

CR2E037 (10,