

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-15-2001 90182 003 ****70.00

DOCUMENT # 765525

1. Entity Name

COLONY KEY HOMEOWNERS ASSOCIATION, INC.

CA

Principal Place of Business

Mailing Address

115 S. DALE MABRY
 SUITE 300
 TAMPA FL 33609
 US

115 S. DALE MABRY
 SUITE 300
 TAMPA FL 33609
 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

59-0153910

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNIQUE PROPERTY SERVICES, INC.
 115 S. DALE MABRY
 SUITE 300
 TAMPA FL 33609

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 \$81.25**

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: PD
 NAME: ZACHARY, MARGERY
 STREET ADDRESS: 5108 BAYSHORE BLVD
 CITY-ST-ZIP: TAMPA FL 33611 Delete

TITLE: Change Addition

TITLE: SD
 NAME: HUTCHINSON, LEA
 STREET ADDRESS: 5112 BAYSHORE BLVD
 CITY-ST-ZIP: TAMPA FL 33611 Delete

TITLE: SD
 NAME: Debra Barton
 STREET ADDRESS: 2607 Bayshore Pt.
 CITY-ST-ZIP: Tampa FL 33611 Change Addition

TITLE: TD
 NAME: BROWN, JUDY
 STREET ADDRESS: 5103 JULES VERN
 CITY-ST-ZIP: TAMPA FL 33611 Delete

TITLE: PD
 NAME: Change Addition

TITLE: D
 NAME: WILSON, KAREN
 STREET ADDRESS: 5114 BAYSHORE BLVD
 CITY-ST-ZIP: TAMPA FL 33611 Delete

TITLE: SD
 NAME: Dime Smith
 STREET ADDRESS: 2607 Bayshore Pt.
 CITY-ST-ZIP: Tampa FL 33611 Change Addition

TITLE: Delete

TITLE: D
 NAME: Louis Fields
 STREET ADDRESS: 5109 Jules Vern Ct.
 CITY-ST-ZIP: Tampa FL 33611 Change Addition

TITLE: Delete

TITLE: Change 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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 (813) 251-2745
 Date Daytime Phone #

CR2E037 (10/00)