

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90287 032 \*\*\*\*61.25

**DOCUMENT # N03094**

1. Entity Name

**COLONY OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

115 S DALE MABRY  
 STE 300  
 TAMPA FL 33609  
 US

115 S DALE MABRY  
 STE 300  
 TAMPA FL 33609-2845  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2491234**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNIQUE PROPERTY SERVICES, INC.**  
 115 S DALE MABRY  
 STE 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 \$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 PD  Delete  
 NAME ZYMANSKI, RITA  
 STREET ADDRESS 5320 RUSSEL #34  
 CITY-ST-ZIP TAMPA FL 33601

TITLE VPD  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME CLECKLER, S  
 STREET ADDRESS 5222, 23 RUSSELL ST  
 CITY-ST-ZIP TAMPA FL 33611

TITLE ~~PD~~  Change  Addition  
 NAME Mary PERRY  
 STREET ADDRESS 5703 Bayshore Blvd. #9  
 CITY-ST-ZIP Tampa FL 33611

TITLE VPD  Delete  
 NAME MAY L  
 STREET ADDRESS 5222 27 RUSSELL ST  
 CITY-ST-ZIP TAMPA FL 33611

TITLE PD  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME BARR, MARY L  
 STREET ADDRESS 5222 RUSSELL ST., #10  
 CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
 NAME **Jawice Hoppel**  
 STREET ADDRESS 5222 Russell Street #39  
 CITY-ST-ZIP Tampa FL 33611

TITLE TD  Delete  
 NAME JONES, CLARENCE  
 STREET ADDRESS 5220 RUSSELL ST #40  
 CITY-ST-ZIP TAMPA FL 33611

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME CREINA, RANDY  
 STREET ADDRESS 5202 #25 RUSSEL  
 CITY-ST-ZIP TAMPA FL 33611

TITLE  Change  Addition  
 NAME Randy Cain  
 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/2000  
 Daytime Phone #: 813-872-6312

CR2E037 (9/99)