

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90172 021 ****70.00

05-140

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
 US

00066280



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

59-2491234

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
 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	VPD	<input checked="" type="checkbox"/> Delete
NAME	ZYMANSKI, RITA	
STREET ADDRESS	5320 RUSSEL #34	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRY, MARY	
STREET ADDRESS	5703 BAYSHORE BLVD., #9	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAY L	
STREET ADDRESS	5222 27 RUSSELL ST	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPPEL, JANICE	spelling error
STREET ADDRESS	5220 RUSSELL ST. #39	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JONES, CLARENCE	
STREET ADDRESS	5220 RUSSELL ST #40	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAIN, RANDY	
STREET ADDRESS	5202 #25 RUSSEL	
CITY-ST-ZIP	TAMPA FL 33611	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Cruso	
STREET ADDRESS	5220 Russell St #33	
CITY-ST-ZIP	Tampa FL 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Berry	
STREET ADDRESS	5222 Russell St #24	
CITY-ST-ZIP	Tampa FL 33611	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Hamilton	
STREET ADDRESS	5220 Russell St #32	
CITY-ST-ZIP	Tampa FL 33611	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Hopper	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tonya Stewart	
STREET ADDRESS	5203 Bayshore Blvd. #2	
CITY-ST-ZIP	Tampa FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR