

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90195 047 ****61.25

DOCUMENT # N03094

1. Entity Name

COLONY OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CONDOMINIUM MANAGEMENT GROUP INC.
 P.O. BOX 47068
 ST. PETERSBURG FL 33743-7068
 US

% CONDOMINIUM MANAGEMENT GROUP INC.
 P.O. BOX 47068
 ST. PETERSBURG FL 33743-7068
 US

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

59-2491234

Applied For

Not Applicable

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 *Debra R. Lisheid*
 Street Address (P.O. Box Number is Not Acceptable)

5530 1st Ave. No.

City *ST. PETERSBURG* State **FL** Zip Code *33710*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 checked="" type="checkbox"/> Delete |
| NAME | CARUSO, JOHN | |
| STREET ADDRESS | 5220 RUSSELL STREET #33 | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BERRY, TED | |
| STREET ADDRESS | 5222 RUSSELL STREET #24 | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HAMILTON, ANTHONY | |
| STREET ADDRESS | 5220 RUSSEL STREET #32 | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOPPER, JANICE | |
| STREET ADDRESS | 5220 RUSSELL ST. #39 | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | STEWART, TONYA | |
| STREET ADDRESS | 5203 BAYSHORE BLVD. #2 | |
| 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 | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bob Brown | |
| STREET ADDRESS | 5203 Bayshore Blvd #15 | |
| CITY-ST-ZIP | Tampa Fl. 33611 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" 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 | | |
| TITLE | VPO | <input checked="" 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]

07-24-02 513.539.3611

CR2E037 (4/02)