

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

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90083 021 ****61.25

DOCUMENT # N03094

1. Entity Name
COLONY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % CONDOMINIUM MANAGEMENT GROUP INC. P.O. BOX 47068 ST. PETERSBURG FL 33743-7068 US	Mailing Address % CONDOMINIUM MANAGEMENT GROUP INC. P.O. BOX 47068 ST. PETERSBURG FL 33743-7068 US
--	--



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2491234		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LISHEID, DEBRA R 5530 1ST AVE NO SAINT PETERSBURG FL 33710				Name Ronald D. Welton					
				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: *Ronald D. Welton* DATE: **5/27/03**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, BOB		NAME	Toni Klopfenstein	
STREET ADDRESS	5203 BAYSHORE BLVD #15		STREET ADDRESS	5203 Bayshore Blvd. #05	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	Tampa Fl. 33611	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ANTHONY		NAME	Mary Lou Barr	
STREET ADDRESS	5220 RUSSEL STREET #32		STREET ADDRESS	5222 So. Russell St. #30	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	Tampa Fl. 33611	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPPER, JANICE		NAME	Ben Carotenuto	
STREET ADDRESS	5220 RUSSELL ST. #39		STREET ADDRESS	5222 So. Russell St. #29	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	Tampa Fl. 33611	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIN, RANDY		NAME	Tony Alessi	
STREET ADDRESS	5202 #25 RUSSEL		STREET ADDRESS	5203 Bayshore Blvd. #10	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	Tampa Fl. 33611	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joy Tapper	
STREET ADDRESS			STREET ADDRESS	5203 Bayshore Blvd. #12	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa Fl. 33611	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Janice Hopper	
STREET ADDRESS			STREET ADDRESS	5220 Russell St. #39	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa Fl. 33611	

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 reports 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 employees.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

CFR2E037 (10/02)