

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11789

1. Entity Name

COLONIAL OAKS PROPERTY OWNERS ASSOCIATION, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91130 019 ****61.25

Principal Place of Business

Mailing Address

2700 UNIVERSITY BLVD. W. #A-2
JACKSONVILLE FL 32217

2700 UNIVERSITY BLVD. W. #A-2
JACKSONVILLE FL 32217

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 **59-2647455**

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

DONOVAN, THOMAS W SR
2700 UNIVERSITY BLVD. W.
BUILDING C
JACKSONVILLE FL 32217

Name
Gary F. Hannon
Street Address (P.O. Box Number is Not Acceptable)
2700 University Blvd. W., Suite A-2
City
Jacksonville **FL** Zip Code
32217

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DONOVAN, THOMAS W SR
2700 UNIVERSITY BLVD. W., BLDG. C
JACKSONVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHUTT, DENNIS
2700-C UNIVERSITY BLVD. W.
JACKSONVILLE, FL #@@!& ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
COALSON, WILLIAM L
2700 UNIVERSITY BLVD. W., SUITE A-4
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HANNON, GARY F
2700 UNIVERSITY BLVD. W., STE. A-2
JACKSONVILLE FL ☒ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☒ Addition

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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 REQUIRED

4-29-02 (904) 730-7709

CR2E037 (9/01)