

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90036 007 ****70.00

DOCUMENT # N19106
1. Entity Name
COLONNADES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: **4800 COLONNADES CLUB BOULEVARD LAKELAND FL 33811**
 Mailing Address: **4800 COLONNADES CLUB BOULEVARD LAKELAND FL 33811-1578**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-2769860** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WOLFE, JOYCE
4800 COLONNADES CLUB BOULEVARD
LAKELAND FL 33811

7. Name and Address of New Registered Agent
 Name: **Ruesch, Gus**
 Street Address (P.O. Box Number is Not Acceptable): **4800 Colonnades Club Blvd.**
 City: **Lakeland** State: **FL** Zip Code: **33811-1578**

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: *Gus Ruesch* **Gus Ruesch, President** DATE: 2/16/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME: WOLFE, JOYCE STREET ADDRESS: 4991 PLEASANT HOLLOW TR. CITY-ST-ZIP: LAKELAND FL 33811	<input checked="" type="checkbox"/> Delete	TITLE: P/D NAME: Ruesch, Gus STREET ADDRESS: 1902 Birchwood Loop CITY-ST-ZIP: Lakeland, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SDTR NAME: HOWARD, ELLIE STREET ADDRESS: 4907 DAWNVIEW LN CITY-ST-ZIP: LAKELAND FL 33811	<input checked="" type="checkbox"/> Delete	TITLE: VP/D NAME: Beitz, Mary STREET ADDRESS: 4966 Colonnades Circle North CITY-ST-ZIP: Lakeland, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: HOWARD, ELLIE STREET ADDRESS: 4907 DAWNVIEW LANE CITY-ST-ZIP: LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE: T/D NAME: Howard, Ellie STREET ADDRESS: 4907 Dawnview Lane CITY-ST-ZIP: Lakeland, FL 33811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPDT NAME: ALLEN, EDNA STREET ADDRESS: 1647 COLONNADES CIRCLE N. CITY-ST-ZIP: LAKELAND FL 33811	<input checked="" type="checkbox"/> Delete	TITLE: S/D NAME: Walcheck, Allie STREET ADDRESS: 4938 Pleasant Hollow Trail CITY-ST-ZIP: Lakeland, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DTR NAME: BOYETT, BARBARA STREET ADDRESS: 4789 SQUIRE HOLLOW DR. CITY-ST-ZIP: LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE: D/TR NAME: Boyett, Barbara STREET ADDRESS: 4789 Squire Hollow Drive CITY-ST-ZIP: Lakeland, FL 33811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BETANCOURT, ARTHUR STREET ADDRESS: 4933 COLONNADES CIRCLE E. CITY-ST-ZIP: LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE: D NAME: Betancourt, Arthur STREET ADDRESS: 4933 Colonnades Circle East CITY-ST-ZIP: Lakeland, FL 33811	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ellie Howard* **Ellie Howard, Treasurer** DATE: 2/16/00 (863) 646-1878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)