

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N31184**

1. Entity Name

**COLONY COURTS HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90069 029 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business<br>% DIVERSIFIED MANAGEMENT SERVICES<br>8457 W. OAKLAND PARK BLVD.<br>SUNRISE FL 33351<br>US | Mailing Address<br>P O BOX 451418<br>SUNRISE FL 33345-1418<br>US |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-0126270</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><b>KAYE AND ROGER PA</b><br><b>6261 NW 6TH WAY, STE. 103</b><br><b>FT LAUDERDALE FL 33309</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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

|   |   |  |
|---|---|--|
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to</b><br><b>Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10           |  |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
|---|---|--|---------------------------------|--|---|---------------------------------|--|---|---------------------------------|--|--|---------------------------------|--|--|---------------------------------|--|--|---------------------------------|--|--|-----|--|--|--|---|--|-----|--|--|---|--|--|--|---|--|--|---|
| <table border="1"> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>VPDT<br/>FORGET, ROGER<br/>3647 NW 122 TERR<br/>SUNRISE FL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>PD<br/>JOHNSTON, BRAD<br/>3625 NW 121 AVE<br/>SUNRISE FL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>SD<br/>JOERGER, BRIAN<br/>12166 NW 36TH PLACE<br/>SUNRISE FL 33351</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | VPDT<br>FORGET, ROGER<br>3647 NW 122 TERR<br>SUNRISE FL                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JOHNSTON, BRAD<br>3625 NW 121 AVE<br>SUNRISE FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>JOERGER, BRIAN<br>12166 NW 36TH PLACE<br>SUNRISE FL 33351 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | <table border="1"> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>VPD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>STD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td>D<br/>SALA, BEN<br/>3663 NW 122 Terrace<br/>Sunrise, Fl. 33323</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SALA, BEN<br>3663 NW 122 Terrace<br>Sunrise, Fl. 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPDT<br>FORGET, ROGER<br>3647 NW 122 TERR<br>SUNRISE FL         | <input type="checkbox"/> Delete  |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>JOHNSTON, BRAD<br>3625 NW 121 AVE<br>SUNRISE FL           | <input type="checkbox"/> Delete  |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>JOERGER, BRIAN<br>12166 NW 36TH PLACE<br>SUNRISE FL 33351 | <input type="checkbox"/> Delete  |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SALA, BEN<br>3663 NW 122 Terrace<br>Sunrise, Fl. 33323     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                 |  |   |                                 |  |   |                                 |  |  |                                 |  |  |                                 |  |  |                                 |  |  |     |  |  |  |   |  |     |  |  |   |  |  |  |   |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date: *3/23/00* Daytime Phone #: *954 572-1880*

CR2E037 (9/99)