

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31184

1. Entity Name

COLONY COURTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

c/o Diversified Mgmt Svc
8457 W. Oakland Pk Blvd
Sunrise, FL 33351

Mailing Address

P.O. Box 451418
Sunrise, FL 33345

2. Principal Place of Business

c/o Castle Mgmt. Inc.

3. Mailing Address

c/o Castle Management, Inc.

Suite, Apt. #, etc.

4450 W. Sunrise Blvd., C-100

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33313

Country

US

Zip

33318

Country

US

4. FFL Number

65-0126270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Kaye and Roger, PA
6261 NW 6th Way, Suite 103
Ft. Lauderdale, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**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

TITLE PD
NAME Johnston, Brad
STREET ADDRESS 3625 NW 121 Avenue
CITY-ST-ZIP Sunrise, FL ☐ Delete

TITLE VD
NAME Forget, Roger
STREET ADDRESS 3647 NW 122 Terrace
CITY-ST-ZIP Sunrise, FL ☐ Delete

TITLE STD
NAME Joerger, Brian
STREET ADDRESS 12166 NW 36th Place
CITY-ST-ZIP Sunrise, FL ☐ Delete

TITLE D
NAME Sala, Ben
STREET ADDRESS 3663 NW 122 Terrace
CITY-ST-ZIP Sunrise, FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS GOLL, BRIAN L.
CITY-ST-ZIP 12166 NW 36th Place
Sunrise, FL

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS GONZALEZ, MIGUEL A.
CITY-ST-ZIP 3661 NW 122 TER.
Sunrise, FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brad Johnston, President 2/2/01 (954) 792-6000

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90310 010 ****61.25

C0029991

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)