2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N34845 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC. 04-05-2000 90066 033 ****61.25 Mailing Address Principal Place of Business P.O. BOX 677307 7523 ALOMA AVE ORLANDO FL 32867-7307 210 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number ANGS HELDER IN MORE 59-3140946 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FRASCA, JOSEPH 7523 ALOMA AVE STE 210 City Zip Code WINTER PARK FL 32792 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. Joseph Frasca 3/28/00 DATE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME HERNANDEZ, AMY STREET ADDRESS STREET ADDRESS 1531 BROOKEBRIDGE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE PD TITLE NAME NAME AVILES, WILLY STREET ADDRESS STREET ADDRESS 1523 BROOKBRIDGE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 TD **XX**Addition TITLE Change TITLE **X**Delete NAME Laudelina Hankele MELENDEZ, HECTOR NAME STREET ADDRESS 9366 Dearmont Avenue STREET ADDRESS 9458 DEARMONT AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL <u>Orlando, FL 32825</u> Change Addition **X** ☐ Delete TITLE NAME NAME Angel Toro STREET ADDRESS STREET ADDRESS 9354 Dearmont Avenue CITY-ST-7IP CITY-ST-ZIP <u>Orlando, FL 32825</u> Addition ☐ Delete TITLE Change NAME Sylvia Marrero STREET ADDRESS STREET ADDRESS 9367 Dearmont Avenue CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32825 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

384-7414

Daytime Phone #