

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90034 021 \*\*\*\*61.25

**DOCUMENT # N36512**

1. Entity Name

**THE COLONADE AT PARK SHORE OWNERS ASSOCIATION, I**

Principal Place of Business

Mailing Address

265 AIRPORT ROAD S.  
 NAPLES FL 34104  
 US

C/O R & P PROPERTY MANAGEMENT  
 265 AIRPORT ROAD SOUTH  
 NAPLES FL 34104-3518  
 US

00037230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0145125**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**R & P MANAGEMENT ASSOC**  
**265 AIRPORT RD SOUTH**  
**NAPLES FL 33942**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DOUGLAS	
STREET ADDRESS	140 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CONWELL, JAMES T	
STREET ADDRESS	238 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSCH, EDWARD A	
STREET ADDRESS	151 COLONADE CIR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, JOEL	
STREET ADDRESS	103 COLONADE CIR, #104	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, PAUL	
STREET ADDRESS	206 COLONAD CIRCLE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPCHICK, BETTINA	
STREET ADDRESS	161 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL NISBY	
STREET ADDRESS	249 COLONADE CIR	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL GRAVES	
STREET ADDRESS	269 COLONADE CIR.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLAS KOPCHICK	
STREET ADDRESS	161 COLONADE CIR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: X

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

941-643-3353

Date

Daytime Phone #

CR2E037 (9/99)