2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 19, 2001 8:00 am **БОСИМЕНТ # N9400003512** Secretary of State 1. Entity Name THE COLONY OF THE LAKE HOMEOWNERS ASSOCIATION, I 02-19-2001 90055 012 ****61.25 Principal Place of Business Mailing Address K.D. LEVITT COLONY OF THE LAKE HOA 311 RUNNING WIND LN P O BOX 948392 MAITLAND FL 32751 MAITLAND FL 32751 ncipal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE (JLOM City & State 4. FEI Number Applied For 59-3286231 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MJMITH Street Address (P.O. Box Number is Not Acceptable) LEVITT, K.D. 311 RUNNING WIND LANE MAITLAND FL 32751 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITLE ☐ Addition TITLE NAME LEVITT, K.D. NAME STREET ADDRESS 311 RUNNING WIND LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MAITLAND FL 32751 VTD Delete TITLE TITLE POLONUS, M.R. NAME NAME STREET ADDRESS 304 RUNNING WIND LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751

SD Delete Change TITLE TITLE __ Addition GREEN. E.E. NAME NAME STREET ADDRESS 1224 E LAKE COLONY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Delete TITLE n TITLE ☐ Addition NAME ANGEL, I NAME STREET ADDRESS 317 RUNNING WIND LANE STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP MAITLAND FL 32751 TITLE Delete ☐ Addition NAME HEFFRON, B L NAME STREET ADDRESS STREET ADDRESS 319 RUNNING WIND LN CITY-ST-7IP CITY-ST-ZIP MAITLAND FL 32751 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 reserver of tustee 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 attach address, with all other like

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SIGNATURE:

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