

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90010 018 ****70.00

DOCUMENT # N98000003100

1. Entity Name

COLONIAL COACH MOBILE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**COLONIAL COACH ESTATES.
 9315 MEMORIAL HWY.
 TAMPA FL 33615**

**210 ERIC CT.
 TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3592710

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

**SHAW, JAMES E
 210 ERIC CT.
 TAMPA FL 33615**

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

James Shaw

JAMES E. SHAW

President

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: PD
 NAME: SHAW, JAMES
 STREET ADDRESS: 210 ERIC CT.
 CITY-ST-ZIP: TAMPA FL 33615
 Delete

TITLE: ~~VP~~ TD
 NAME: CLARK, SHARON
 STREET ADDRESS: 114 BUSH
 CITY-ST-ZIP: TAMPA-FL 33615
 Change Addition

TITLE: VD
 NAME: TURNER, SUE A
 STREET ADDRESS: 213 SANDY
 CITY-ST-ZIP: TAMPA FL 33615
 Delete

TITLE: VP
 NAME: GINNY NASWORTHY
 STREET ADDRESS: 213 ERIC CT.
 CITY-ST-ZIP: TAMPA 33615
 Change Addition

TITLE: TD
 NAME: TURNER, WILLIAM
 STREET ADDRESS: 213 SANDY
 CITY-ST-ZIP: TAMPA FL 33615
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: VD
 NAME: CRAVEN, JANET
 STREET ADDRESS: 111 NEWBERRY
 CITY-ST-ZIP: TAMPA FL 33615
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: SD
 NAME: SHIELDS, SHERRI
 STREET ADDRESS: 213 ERIC CT
 CITY-ST-ZIP: TAMPA FL 33615
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change 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:

James E. Shaw

4-03-01

813-880-9879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)