

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90214 024 ****70.00

DOCUMENT # N98000003100

1. Entity Name

COLONIAL COACH MOBILE HOMEOWNERS ASSOCIATION, IN C.

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

138 Shore Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa FL

4. FEI Number

59-3592710

Applied For

Not Applicable

Zip

Country

Zip

Country

33615

Hillsborough

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 **DEBORAH J BOVARD**

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

City **Tampa** FL Zip Code **FL**

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 *Deborah J Bovard*

DEBORAH J BOVARD

4/22/02

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

TITLE **PD** Change Addition
 NAME **DEBORAH J BOVARD**
 STREET ADDRESS **337 GREENVALE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33615**

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

TITLE **MPD** Change Addition
 NAME **LISA SCARBROUGH**
 STREET ADDRESS **107 PAR Shore PKWY**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **TD** Delete
 NAME **CLARK, SHARON**
 STREET ADDRESS **114 BUSH**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **VPD** Change Addition
 NAME **Lucy Rodriguez**
 STREET ADDRESS **136 Shore PKWY**
 CITY-ST-ZIP **TAMPA FL 33615**

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

TITLE **TD** Change Addition
 NAME **RITA HAMMOND**
 STREET ADDRESS **138 Shore PKWY**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **VP** Delete
 NAME **NASWORTHY, GINNY**
 STREET ADDRESS **213 ERIC CT**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Deborah J Bovard* **DEBORAH J BOVARD** **4/22/02** **880-8867**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0078715

CR2E037 (9/01)