


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90149 012 ****70.00

DOCUMENT # N98000003100
1. Entity Name
COLONIAL COACH HOME OWNERS ASSOCIATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9315 MEMORIAL HWY
Suite, Apt. #, etc.
TAMPA
City & State
FLORIDA

3. Mailing Address
138 Shore Parkway
Suite, Apt. #, etc.
TAMPA, FLORIDA
City & State
Zip
33615
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3592710

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DEBORAH J BOVARD

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

City
TAMPA FL Zip Code
33685

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah J Bovard DATE 5/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT / Director</u> <u>DEBORAH BOVARD</u> <u>337 GREENVALE DR.</u> <u>TAMPA FLORIDA 33615</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT 1ST / Director</u> <u>LISA SCARBROUGH</u> <u>107 Shore Parkway</u> <u>TAMPA, FLORIDA 33615</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>2ND VICE PRESIDENT / Director</u> <u>JEANIE MATHEWS</u> <u>208 SANDY AVE</u> <u>TAMPA FLORIDA 33615</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY / Director</u> <u>LUCY RODRIGUEZ</u> <u>136 SHORE PARKWAY</u> <u>TAMPA FLORIDA 33615</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER / Director</u> <u>Rita Hammond</u> <u>138 Shore Parkway</u> <u>TAMPA FLORIDA 33615</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah J Bovard, President DATE 5/19/03 Daytime Phone # 813-880-8867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR