

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90026 046 ****61.25

DOCUMENT # 713388

1. Entity Name

COLONY BAY HARBOR CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**9250 WEST BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154**

**9250 WEST BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1202745

Applied For

Not Applicable

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

**GOLDNER, LEO
 9250 W. BAY HARBOR DR.
 BAY HARBOR ISLANDS FL 33154**

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: **SD**
 NAME: **JULIO, FRANK**
 STREET ADDRESS: **123 HARNED RD 9250 W. BAY HARBOR DR #4B**
 CITY-ST-ZIP: **COMMACK NY BAY HARBOR ISLANDS FL 33154**

TITLE: ☐ Delete
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VP**
 NAME: **SOGOCIO, RICCO**
 STREET ADDRESS: **9250 W BAY HARBOR DRIVE**
 CITY-ST-ZIP: **BAY HARBOR ISLAND FL**

TITLE: **V-PRES**
 NAME: **PAUL RICHMAN**
 STREET ADDRESS: **9250 W. BAY HARBOR DR #7C**
 CITY-ST-ZIP: **BAY HARBOR ISLANDS FL 33154**

TITLE: **D**
 NAME: **ROPER, JACK**
 STREET ADDRESS: **9250 W BAY HARBOR DRIVE #6C**
 CITY-ST-ZIP: **BAY HARBOR ISLAND FL**

TITLE: ☐ Delete
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **PD**
 NAME: **GOLDNER, LEO**
 STREET ADDRESS: **9250 W BAY HARBOR DR #6D**
 CITY-ST-ZIP: **BAY HARBOR ISLANDS FL**

TITLE: ☐ Delete
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **TD**
 NAME: **SELIK, YOLANDE**
 STREET ADDRESS: **9250 W. BAY HARBOR DR #4A**
 CITY-ST-ZIP: **BAY HARBOR FL 33154**

TITLE: ☐ Delete
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **DIRECTOR**
 NAME: **KENNETH WEINSTEIN**
 STREET ADDRESS: **9250 W. BAY HARBOR DR #4C**
 CITY-ST-ZIP: **BAY HARBOR FL 33154**

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 305-868-7644

CR2E037 (9/01)