

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90109 018 ****61.25

DOCUMENT # N34845

1. Entity Name

COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7523 ALOMA AVE
 210
 WINTER PARK FL 32792
 US**

**P.O. BOX 677307
 ORLANDO FL 32867
 US**

2. Principal Place of Business

4962 N. Palm Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

4. FEI Number **59-3140946**

Applied For
 Not Applicable

Zip **32792-9111** Country **US**

Zip

Country

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

6. Name and Address of Current Registered Agent

**FRASCA, JOSEPH
 7523 ALOMA AVE
 STE 210
 WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **Joseph Frasca**
 Street Address (P.O. Box Number is Not Acceptable) **40 Preferred Community Management**
4962 N. Palm Avenue
 City **Winter Park** State **FL** Zip Code **32792-9111**

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

Joseph Frasca

JOSEPH FRASCA

1/21/02

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 **VPD** ☐ Delete
 NAME **HERNANDEZ, AMY**
 STREET ADDRESS **1531 BROOKEBRIDGE DR**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **PD** ☐ Delete
 NAME **AVILES, WILLY**
 STREET ADDRESS **1523 BROOKEBRIDGE DR**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **TD** ☐ Delete
 NAME **HANKELE, LAUDELINA**
 STREET ADDRESS **9368 DEARMONT AVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **D** ☒ Delete
 NAME **TORO, ANGEL**
 STREET ADDRESS **9354 DEARMONT AVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **D** ☐ Delete
 NAME **MARRERO, SYLVIA**
 STREET ADDRESS **9367 DEARMONT AVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

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:

SIGNATURE REQUIRED WILLY AVILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)