

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90096 032 \*\*\*\*61.25

**DOCUMENT # N00000005213**

1. Entity Name

**COLONIAL WOODS OF ORLANDO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**3348 EDGEWATER DRIVE  
ORLANDO FL 32804**

Mailing Address

**3348 EDGEWATER DRIVE  
ORLANDO FL 32804**

2. Principal Place of Business

**P.O. Box 540616**

3. Mailing Address

**P.O. Box 540616**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

Country

Zip

Country

**32854-0616**

**32854-0616**

6. Name and Address of Current Registered Agent

**DEMETREE, MARY L  
3348 EDGEWATER DRIVE  
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Cheryl Bunker**

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

**2130 Colonial Woods Blvd**

City

**Orlando**

**FL**

Zip Code

**32826**

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

*Cheryl Bunker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/14/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **SCHULER, LARRY**  
STREET ADDRESS **3348 EDGEWATER DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Delete  
NAME **SCHWARTZ, RONALD**  
STREET ADDRESS **3348 EDGEWATER DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Delete  
NAME **BOEHER, MADELYN**  
STREET ADDRESS **3348 EDGEWATER DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **Cheryl Bunker**  
STREET ADDRESS **2130 Colonial Woods Blvd.**  
CITY-ST-ZIP **Orlando, FL 32826**

TITLE **PPD** ☐ Change ☒ Addition  
NAME **Dan Wernecke**  
STREET ADDRESS **14220 Colonial Lakes Dr.**  
CITY-ST-ZIP **Orlando, FL 32826**

TITLE **STB** ☐ Change ☒ Addition  
NAME **Nicole Fisher**  
STREET ADDRESS **2127 Colonial Woods Blvd.**  
CITY-ST-ZIP **Orlando, FL 32826**

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

TITLE ☐ Change ☐ Addition  
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:

*Cheryl Bunker*

**1/14/02 407-658-4691**

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER

CR2E037 (10/02)