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

DOCUMENT # N34845

1. Entity Name

RM BUSINESS REPORT (UBR)						
# N34	1845					
HOMEOWN	ER'S ASSOCIATION, INC.					
is	Mailing Address					
	P.O. BOX 677307					

**FILED** Apr 02, 2003 8:00 am § Secretary of State

04-02-2003 90090 021 \*\*\*\*61.25

COLONIAL	L LAKES HOMEOWNER'S ASSO	OCIATION, INC.							
Principal Plac	e of Business	Mailing Address							
4962 N. PALM AVE WINTER PARK FL 32792 US		P.O. BOX 677307 ORLANDO FL 32867 US		,	h 1 <b>10</b> kkl <b>o</b> k <b>010</b> kl	BRA OLUMA INGIN OLUMA OLUM OLUM	GIGHT DIDTE GLOSE BIT	INE DYDYL HADY	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAK	ING CHANGES		
City & State		City & State			4. FEI Number 59-3140946		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of St	atus Desired 🔲	\$8.75 Add		
	6. Name and Address of Current Re	gistered Agent			7. Name and Add	ress of New Register	ed Agent		
			Name						
FRASCA, JOSEPH C/O PREFERRED COMMUNITY MANAGEMENT			Street Address			(P.O. Box Number is Not Acceptable)			
	PALM AVE								
WINTER F	PARK FL 32792-9111		City		<del> </del>		Zip Cod	le	
	named entity submits this statement for the ions of registered agent.	e purpose of changing its re	egistered office or r	registere	ed agent, or both, in	the State of Florida, 1	am familiar with,	and accept	
								\	
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if applicable. (NOTE: F	Registered Agent signature	re required v	when reinstating)	DA	· · · · · · · · · · · · · · · · · · ·	<del></del>	
· · · · ·	The second secon					-	<del></del>		
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				
	FILE NOW: FEE IS \$61.25								
	OFFICERS AND DIREC	Trust Fund Co			Added to Fees		partment of S	State	
10.	OFFICERS AND DIRECT	Trust Fund Co	11.		Added to Fees	Florida Dep	partment of S	State	
10.  TITLE NAME	OFFICERS AND DIRECT VPD HERNANDEZ, AMY	Trust Fund Co	11. TITLE NAME	A A	Added to Fees  DDITIONS/CHANG  HERNA	Florida Dep	DIRECTORS IN	State	
10.	OFFICERS AND DIRECT VPD HERNANDEZ, AMY 1531 BROOKEBRIDGE DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS	JUA	Added to Fees  DDITIONS/CHANG  HERUA  CO DEAR	Florida Del ES TO OFFICERS AND VOEZ 100T AVE	DIRECTORS IN Change	State	
10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT VPD HERNANDEZ, AMY 1531 BROOKEBRIDGE DR ORLANDO FL	Trust Fund Cod	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUA	Added to Fees  DDITIONS/CHANG  HERUA  CO DEAR	Florida Dep	DIRECTORS IN Change	State  1 10  Addition	
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12. I hereby certify that the information supplied with this filips 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

**SIGNATURE:**