

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90757 008 ****61.25

DOCUMENT # 758302

1. Entity Name
COLONIAL CENTER ASSOCIATION, INC.



Principal Place of Business

**1260 S. FEDERAL HWY #101
BOYNTON BEACH FL 33435**

Mailing Address

**1260 S. FEDERAL HWY #101
BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2159966**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KOCIELKO, ROBIN A
1260 S. FEDERAL HWY. #101
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name **Fairman & Associates, Inc.**

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

4281 NW 1st Avenue

City

Boca Raton

FL

Zip Code
33431

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

William Fairman

April 10th, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITILE ☐ Delete
NAME **KAMEL, MAKRAM**
STREET ADDRESS **1240S FEDERAL HWY STE 101**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITILE ☐ Delete
NAME **PD KOCIELKO, ROBIN A**
STREET ADDRESS **1260 S FEDERAL HWY #101**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITILE ☐ Delete
NAME **S APPLETON, KATHY**
STREET ADDRESS **1260 S FEDERAL HWY, SUITE 201**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITILE ☐ Delete
NAME **D SIPP, ROGER**
STREET ADDRESS **1200 S FEDERAL HWY, SUITE 303-304**
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITILE ☐ Delete
NAME **VPD PROVENZANO, JOSEPH**
STREET ADDRESS **906A S FEDERAL HWY**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITILE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITILE ☐ 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

CR2E037 (10/02)