

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90159 021 \*\*\*\*61.25

**DOCUMENT # 728274**

1. Entity Name

**COLONIAL HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% FRANK R. SEWARD  
 790 SANDGATE STREET  
 MERRITT ISLAND FL 32953

% FRANK R. SEWARD  
 790 SANDGATE STREET  
 MERRITT ISLAND FL 32953-4632

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

**59-2053962**

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

**SEWARD, FRANK R**  
**790 SANDGATE STREET**  
**MERRITT ISLAND FL 32953**

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:**  
**FEI 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LESKO, MARCELLA</b> <b>285 VISCOUNT AVENUE</b> <b>MERRITT ISLAND FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KORTEKAAS, MARVIN</b> <b>725 MANDARINE ST.</b> <b>MERRITT ISLAND FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KORTEKAAS, BARBARA</b> <b>725 MANDARINE STREET</b> <b>MERRITT ISLAND FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COWLING, LAVERNE</b> <b>345 HUNT AVENUE</b> <b>MERRITT ISLAND FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SEWARD, ALICE</b> <b>790 SANDGATE</b> <b>MERRITT ISLAND FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRITER, VI</b> <b>100 DARWIN ST</b> <b>MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Volkmer, Eldon</b> <b>265 Melbourne</b> <b>Merritt Island, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Birch, Lynne</b> <b>275 Alaska Rd.</b> <b>Merritt Island, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Kortekaas Barbara</b> <b>725 Mandarin St</b> <b>Merritt Island, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mahnke, Vta</b> <b>220 Perth</b> <b>Merritt Island, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Ragucci, Karen</b> <b>650 Hawaii Dr.</b> <b>Merritt Island, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dettmering, Gladys</b> <b>225 Perth</b> <b>Merritt Island, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**

**KAREN RAGUCCI**

**4/27/00**

**321-454-9496**

CR2E037 (9/99)