

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
Feb 12, 2001 8:00 am  
Secretary of State

01-25-2001 90216 042 \*\*\*\*61.25

**DOCUMENT # 746376**

1. Entity Name

**COLONIAL ISLES ASSOCIATION, INC.**

Principal Place of Business

**3001 EXECUTIVE DR. # 260  
CLEARWATER FL 33762**

Mailing Address

**3001 EXECUTIVE DR. # 260  
CLEARWATER FL 33762  
US**

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

**59-2185871**

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

**CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR.  
CLEARWATER FL 33756**

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:  
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

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASSEEN, JOHN</b>	
STREET ADDRESS	<b>1749 HIGHLAND AVE #C-4</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORRIS, JANELLE</b>	
STREET ADDRESS	<b>1749 S HIGHLAND #A-11</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPANG, JUNE</b>	
STREET ADDRESS	<b>1749 S HIGHLAND AVE #C8</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BOWMAN, GEORGIA</b>	
STREET ADDRESS	<b>1749 HIGHLAND AVE. #A-9</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, SHERIDAN A</b>	
STREET ADDRESS	<b>1749 HIGHLAND AVE. #A-1</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Box, ED</b>	
STREET ADDRESS	<b>1749 HIGHLAND AVE #C-7</b>	
CITY-ST-ZIP	<b>CLEARWATER 33756</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANE STOLAR</b>	
STREET ADDRESS	<b>Same</b>	
CITY-ST-ZIP	<b>A7</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBT THOMSEN</b>	
STREET ADDRESS	<b>Same</b>	
CITY-ST-ZIP	<b># A12</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGIA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

*Georgia Bowman*

Date

Daytime Phone #

CR2E037 (10/00)