

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

04-29-2002 90073 047 ****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**

42377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **VPD** Delete
 NAME **BOX, ED**
 STREET ADDRESS **1749 HIGHLAND AVE #C-4**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **D** Delete
 NAME **ST CLAIR, JANE**
 STREET ADDRESS **1749 S. HIGHLAND #A-11**
 CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE **D** Delete
 NAME **THOMSSSEN, ROB**
 STREET ADDRESS **1749 S HIGHLAND AVE #C8**
 CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE **VP** Delete
 NAME **BOWMAN, GEORGIA**
 STREET ADDRESS **1749 HIGHLAND AVE. #A-9**
 CITY-ST-ZIP **CLEARWATER FL 33756**

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 **T** Change Addition
 NAME **Box, Ed**
 STREET ADDRESS **1749 Highland Ave #C-4**
 CITY-ST-ZIP **Clearwater FL 33756**

TITLE **VPD** Change Addition
 NAME **May, Jerry**
 STREET ADDRESS **1749 Highland Ave #C-10**
 CITY-ST-ZIP **Clearwater FL 33756**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Change Addition
 NAME **Bowman, Georgia**
 STREET ADDRESS **1749 Highland Ave # A-9**
 CITY-ST-ZIP **Clearwater FL 33756**

TITLE **S** Change Addition
 NAME **Baldwin, Lavone**
 STREET ADDRESS **1749 Highland Ave #C-12**
 CITY-ST-ZIP **Clearwater FL 33756**

TITLE **D** Change Addition
 NAME **Phaneuf Gerald**
 STREET ADDRESS **1749 Highland Ave. # C-5**
 CITY-ST-ZIP **Clearwater FL 33756**

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**

9/30/02 727-5816385


CR2E037 (4/02)

Attachment
42377
#746376

DATE: 04/05/02 CR#: 1397 TOTAL: \$61.25 ***** BANK: 396 - COLONIAL ISLE OPERATING ACCOUNT
PAYEE: DEPARTMENT OF STATE (DIVI)

| Property Account | Invoice | Description | Amount |
|------------------|------------|----------------------|--------|
| 396 5125 | 59-2185871 | DOC# 746376 2002 UBR | 61.25 |
| | | | 61.25 |

SF16001-1

 Safeguard
LITHO USA • SFSLM CK750811M (2001)

TO REORDER, CALL YOUR LOCAL SAFEGUARD DISTRIBUTOR AT 727-797-8200

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