

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

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90147 021 \*\*\*\*61.25

**DOCUMENT # 752773**

1. Entity Name  
**COLONIAL GABLES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**PMB 137  
4025 CATTLEMAN RD.  
SARASOTA FL 34233  
US**

Mailing Address  
**PMB 137  
4025 CATTLEMAN RD.  
SARASOTA FL 34233  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**BABIN, ELISABETH  
3620 SPAINWOOD DR  
SARASOTA FL 34232**

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 *Elisabeth D. Babin*

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

(NOTE: Registered Agent signature required when reinstating)

*3/27/03*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BABIN, ELISABETH</b>	
STREET ADDRESS	<b>3620 SPAINWOOD DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>BD</b>	<input type="checkbox"/> Delete
NAME	<b>FAIRCHILD, DOUGLAS</b>	
STREET ADDRESS	<b>5411 STARWOOD PL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>BD</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACE, JAMES</b>	
STREET ADDRESS	<b>5528 BRIARCLIFF DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>DANIELS, CAROL</b>	
STREET ADDRESS	<b>5521 DUNCANWOOD DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SBD</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, SUSAN M</b>	
STREET ADDRESS	<b>5315 DUNCANWOOD DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>BD</b>	<input type="checkbox"/> Delete
NAME	<b>DANIELS, WAYNE G</b>	
STREET ADDRESS	<b>5321 DUNCANWOOD DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Carol Daniels* **SIGNATURE REQUIRED** *4-01-03* *941-371-3475*

CR2E037 (10/02)