

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90057 041 ****61.25

DOCUMENT # 760676

1. Entity Name

COLONIAL HOUSE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

300 S. BANANA RIVER BLVD. #308
COCOA BCH FL 32931-3378
US

Mailing Address

300 S. BANANA RIVER BLVD. #308
COCOA BCH FL 32931-0378

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

59-2140705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GAILEY, BETTY G~~

300 S BANANA RIVER BLVD #304
COCOA BCH FL 32931

7. Name and Address of New Registered Agent

Name

ROBERT L. WILLETT

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

300 S. BANANA RIVER BLVD 201

City

COCOA BEACH

FL

Zip Code

32931

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

Robert L. Willett President

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAILEY, BETTY 300 S BANANA RVR BLVD #304 COCOA BEACH, FL 32931	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HILLMAN, PHILIP 300 S BANANA RIVER BLVD #103 COCOA BCH FL 32931	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JOLLEY, RICHARD H 300 S BANANA RIVER BLVD #307 COCOA BCH FL 32931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLETT, ROBERT L 300 S BANANA RIVER BLVD #201 COCOA BEACH FL 32931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MEEKS, HOWARD 300 S BANANA RIVER BLVD # 204 COCOA BEACH FL 32931	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 another like empowered.

SIGNATURE:

Robert L. Willett PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

321-784-5218

Daytime Phone #

CR2E037 (10/00)