

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766758

1. Entity Name

COLONIAL SHORES CONDOMINIUM ASSOCIATION OF PANAMA CITY BEACH, INC.

Principal Place of Business

PANAMA CITY BEACH
8512 SURF DR.
PANAMA CITY BEACH FL 32407

Mailing Address

PANAMA CITY BEACH
8512 SURF DR.
PANAMA CITY BEACH FL 32407

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 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

EHKE, THOMAS N.
7711 SURF DR.
PANAMA CITY BEACH FL 32407

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ZWICKEL, WALDO H
STREET ADDRESS 2813 LONGLEAF RD
CITY-ST-ZIP PANAMA CITY FL 32405 ☒ Delete

TITLE AD
NAME ALFREDO VILLOCH
STREET ADDRESS 3401 LORI LN
CITY-ST-ZIP ATLANTA, GA. 30340 ☒ Change ☐ Addition

TITLE VD
NAME EHLKE, TOM
STREET ADDRESS 7711 SURF DRIVE
CITY-ST-ZIP PANAMA CITY FL 32407 ☒ Delete

TITLE VD
NAME ALVARO BERRUGA
STREET ADDRESS 1155 MASTERS LN
CITY-ST-ZIP SNELLVILLE, GA. 30078 ☒ Change ☐ Addition

TITLE STD
NAME GRINER, SCOTT
STREET ADDRESS 2250 FRIARS GATE DRIVE
CITY-ST-ZIP LAWRENCEVILLE GA 30043 ☒ Delete

TITLE STD
NAME CLAUDIA BURNETT
STREET ADDRESS 12791 BROWN BRIDGE RD
CITY-ST-ZIP COVINGTON, GA. 30016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

Date

Daytime Phone #

CR2E037 (9/01)