

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90348 037 ****61.25

DOCUMENT # 768863

1. Entity Name

COLONIAL MANOR OF VENICE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1200 RIDGEWOOD AVE.
 VENICE FL 34292**

**1200 RIDGEWOOD AVE.
 VENICE FL 34292**

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

59-2785846

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

**KORP, WILLIAM
 333 S. TAMiami TR.
 VENICE FL 34284**

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** ☐ Delete
 NAME **SALERNO, NED**
 STREET ADDRESS **297 OUTER DRIVE EAST**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **TD** ☒ Delete
 NAME **BROCKSCHMIDT, JOHN**
 STREET ADDRESS **207 INNER DRIVE EAST**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Engle, Sue Ann**
 STREET ADDRESS **260 Inner Dr. W , Venice, FL 34292**
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **BURKETT, GERALD**
 STREET ADDRESS **244 INNER DRIVE WEST**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Dalton, Richard**
 STREET ADDRESS **222 Outer Dr. W, Venice, FL 34292**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **STARKEY, PAT**
 STREET ADDRESS **289 OUTER DRIVE WEST**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **D** ☐ Delete
 NAME **LAFOUNTAIN, EDNA**
 STREET ADDRESS **258 OUTER DRIVE WEST**
 CITY-ST-ZIP **VENICE FL 34292**

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

TITLE **D** ☒ Delete
 NAME **MEGIN, GENE**
 STREET ADDRESS **204 INNER DR W**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **D** ☒ Change ☐ Addition
 NAME **Dorothy Megin**
 STREET ADDRESS **204 Inner Dr. W,**
 CITY-ST-ZIP **Venice, FL 34292**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Med Salerno Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2002 *941-488-6118*

Date

Daytime Phone #

CR2E037 (9/01)