

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90450 031 ****61.25

DOCUMENT # 768863

1. Entity Name

COLONIAL MANOR OF VENICE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1200 RIDGEWOOD AVE.
VENICE FL 34292**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

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. 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

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

TITLE **PD** ☐ Change ☒ Addition
NAME **Kenneth Emerson**
STREET ADDRESS **291 Outer Dr. E**
CITY-ST-ZIP **Venice, FL 34292**

TITLE **TD** ☒ Delete
NAME **ENGLE, SUE ANN**
STREET ADDRESS **260 INNER DRIVE W**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **TD** ☐ Change ☒ Addition
NAME **Janet Caridas**
STREET ADDRESS **223 Outer Dr. W**
CITY-ST-ZIP **Venice, FL 34292**

TITLE **VPD** ☒ Delete
NAME **DALTON, RICHARD**
STREET ADDRESS **222 OUTER DR W**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Charles Calabria**
STREET ADDRESS **263 Outer Dr. E, Venice, FL 34292**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Sue Ann Engle**
STREET ADDRESS **260 Inner Dr. W, Venice, FL 34292**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Glen Miller**
STREET ADDRESS **236 Inner Dr. W, Venice, FL 34292**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Eileen Bolman**
STREET ADDRESS **229 Outer Dr. E, Venice, FL 34292**

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

2-6-03

941-488-6118

CR2E037 (10/02)