2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01605

1. Entity Name

COLONIAL COACH ESTATES MOBILE HOME RESIDENTS ASS OCIATION, INC.

Principal Place of Business

Mailing Address

1022 MARCO COURT LAKE WORTH FL 33463		1022 MARCO COURT LAKE WORTH FL 33463							
2. Principal Place	e of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc	С.	DO NOT WRITE IN THIS SPA					
City & State		City & State		4. FEI Number 59-2495311					
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8 Fee					
	6. Name and Address of Cu	irrent Registered Agent		7. Name and Address of New Registered Age					
	•			ERRY LUCAS					
VIRGINIA, DONALD J			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					

FILED Jul 24, 2002 8:00 am Secretary of State

07-24-2002 90137 050 ****70.00



Required

1022 MARCO COURT LAKE WORTH FL 33463

Applied For Not Applicable

.75 Additional

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,

9. Election Campaign Financing

\$5.00 May Be

Make Check Pavable to

min. will be \$236.25.		Trust Fund Contribution.			Added to Fees		Department of State		
10.	OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
ETITLE	PD	☐ Delete	TITLE	PA	1) (Change	☐ Addition	
⊅ NAME	VIRGINIA, DONALD J		NAME	TE	RRY huch	75/10			
STREET ADDRESS	1022 MARCO COURT		STREET ADDRESS	1,23	3 RAINBO				
CITY-ST-ZIP	LAKE WORTH FL 33463		CHY-SI-ZIP	16 01	ニゲルノトとのよう	r r 33464		Addition	
TITLE	VPD	☐ Delete	TITLE	1100	mes low	· · · · ·	☐ Change	☐ Addition	
NAME	CORNMAN, JAMES E		NAME	TA	mes we	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		\	
STREET ADDRESS	157 WILLOW LANE		STREET ADDRESS	15	willow		3	}	
CITY-ST-ZIP	LAKE WORTH FL 33463		01.1 0, 51	1 15 16	セレア リレベンコ	,	•	ļ	
-TITLE	SD	. ـ ـ ـ Delete م	-TITLE	5.0	NA PAE	7.)	Change	☐ Addition	
NAME	THRASH, LISA		NAME	my	CATATOME	TOPE			
STREET ADDRESS	947 DANS PLACE		STREET ADDRESS	78	N. STUNK	i CL	46.5		
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP	GR	ENACRES	7 2 33	463		
TITLE	TD	☐ Delete	TITLE	TA		Doilel	☐ Change	Addition	
NAME	RILEY, DEBORA M		NAME	120.	scimaly	PHENCHEN			
STREET ADDRESS	63 NORTH STUART CIRCLE		STREET ADDRESS	1713	SCMARY MARCO	0.1			
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP	6-R	EEACRES,	FL 33463			
TITLE	С	☐ Delete	TITLE	1 0 -		_	☐ Change	☐ Addition	
NAME	RILEY, DEBORA M		NAME	100	NALD VI	REINIA			
STREET ADDRESS	63 NORTH STUART CIRCLE		STREET ADDRESS	102	2 MARCO	et		12	
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP	6 R	Z MARCO C EENACRE	s, FL	334	80	
TITLE		☐ Delete	TITLE			,	Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						

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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

7/20/02