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

## FILED Apr 21, 2003 8:00 am § Secretary of State DOCUMENT # **N01605** 1. Entity Name 04-21-2003 90371 030 \*\*\*\*70.00 COLONIAL COACH ESTATES MOBILE HOME RESIDENTS ASS OCIATION, INC. Principal Place of Business Mailing Address 1022 MARCO COURT 1022 MARCO COURT LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address 18 N. STUANS Suite, Apt. #, etc. Suite, Apt. #. etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2495311 Applied For GREENACRES <u>Greena</u>cres Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>33463-4239</u> W-PALM-Fee Required PALM-BEAU 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCAS. IBRRY Street Address (P.O. Box Number is Not Acceptable <del>123 Rained</del> Wyld 0/00%. BREZNAORES City 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD PRESIDENT TITLE Delete TITLE ☐ Addition PPPOR GARNOG LUCAS, TERRY NAME NAME 36 Coloniel BLVD 123 RAINBOW LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREENACRES FL 33463** CITY-ST-ZIP TITLE Delete TITL F ☐ Change Addition CORNMAN, JAMES E NAME NAME STREET ADDRESS 157 WILLOW-LANE STREET ADDRESS CITY-ST-ZIP **GREENACRES FL 33463** CITY-ST-ZIP 🗶 Delete TITLE Change Addition RAETO, MYRNA NAME NAME **78 N STUART CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREENACRES FL 33463** CITY-ST-ZIP TITLE ☐ Delete TITLE PITCHER, ROSEMARY NAME NAME STREET ADDRESS 113 MARCO CT STREET ADDRESS CITY-ST-ZIP **GREENACRES FL 33463** CITY-ST-ZIP

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

VIRGINIA, DONALD

**GREENACRES FL 33463** 

1022 MARCO CT

TITLE

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