2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200003827



COLONIAL VILLAGE PARK HOMEOWNERS' ASSOCIATION, I NC. **11064001** Principal Place of Business Mailing Address 2475 ENTERPRISE RD., SUITE 100 2475 ENTERPRISE RD., SUITE 100 CLEARWATER FL 33763 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 20-0000676 Not Applicable Zip Country Zlp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent > 7. Name and Address of New Registered Agent Name **GOTTLIEB & GOTTLIEB, P.A.** Street Address (P.O. Box Number is Not Acceptable) 2475 ENTERPRISE RD., SUITE 100 **CLEARWATER FL 33763** City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE ☐ Change ☐ Addition DOHERTY, JOSETTE NAME . NAME STREET ADDRESS 2475 ENTERPRISE RD., SUITE 100 STREET AODRESS CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP STD TITLE ☐ Delete TITLE Change ☐ Addition NAME KURTZ, CRAIG NAME STREET ADDRESS 2475 ENTERPRISE RD., SUITE 100 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME DOHERTY, VINCENT NAME 2475 ENTERPRISE RD., SUITE 100 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33763 CITY-ST-ZIP me ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

FILED Feb 21, 2003 8:00 am

Secretary of State

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