

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1:

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90083 044 \*\*\*\*61.25

**DOCUMENT # N04578**

1. Entity Name

**COLONY OAKS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

345 N. HAVERHILL RD.  
A-3  
WEST PALM BEACH FL 33415  
US

Mailing Address

215 N. FEDERAL HWY S3  
BOCA RATON FL 33432  
US

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

65-0231115

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

BATMASIAN, JAMES H  
215 N. FEDERAL HWY.  
BOCA RATON FL 33432

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 BATMASIAN, JAMES H  
STREET ADDRESS 215 N. FEDERAL HWY.  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VPD ☐ Delete  
NAME BATMASIAN, MARTA T  
STREET ADDRESS 215 N FEDERAL HWY S3  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE SD ☒ Delete  
NAME STRAGER, DALLAS  
STREET ADDRESS 215 N FEDERAL HWY S3  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME ARMEN BATMASIAN  
STREET ADDRESS 215 N. FEDERAL HWY  
CITY-ST-ZIP BOCA RATON FL 33432

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)