

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90358 012 \*\*\*\*61.25

**DOCUMENT # N08724**

1. Entity Name

**THE COLONIAL PINES HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

COLONIAL PINES MOBILE APRK ASSC.  
 NEVARRE FL 32566

Mailing Address

PO BOX 6018  
 NAVARRE FL 32566

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLT, RUSSELL W**  
**2135 COLONIAL AVE**  
**NAVARRE FL 32566**

7. Name and Address of New Registered Agent

Name **MICHAEL C. ADAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2232 MUSKET DR.**  
 City **NAVARRE** FL Zip Code **32566**

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 *Michael C. Adam* - **MICHAEL C. ADAM - TREAS.** **2-28-01**  
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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	COON, DORTHOY	
STREET ADDRESS	9850 PRIMROSE CIR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BENDUS, BETTY	
STREET ADDRESS	9850 W. BUNKER HILL CIR.	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KULHAVIK, NANCY	
STREET ADDRESS	2114 MUSKET DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOLT, RUSSELL	
STREET ADDRESS	2135 COLONIAL AVE	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CHAREST, ROLENE	
STREET ADDRESS	9880 JONQUIC CIR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	AT	<input type="checkbox"/> Delete
NAME	STEVENSON, GENE - D	
STREET ADDRESS	2243 COLONIAL AVE.	
CITY-ST-ZIP	NAVARRE FL 32566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL GREGORY - D	
STREET ADDRESS	9856 W. BUNKER HILL	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN ADAM - D	
STREET ADDRESS	2244 MUSKET DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE KELLY - D	
STREET ADDRESS	9850 BRANDYWINE DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL ADAM - D	
STREET ADDRESS	2232 MUSKET DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY BERGER - D	
STREET ADDRESS	9852 PRIMROSE CIRCLE	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Michael C. Adam* **MICHAEL C. ADAM T** **2-28-01** **850-939-7760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)