

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90079 043 \*\*\*\*61.25

DOCUMENT # N09858

1. Entity Name

COLONIAL COLONY NORTH HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

C/O JEAN V. REYNAERTS  
899 E. COLONIAL CIR.  
DAYTONA BEACH FL 32117  
US

C/O JEAN V. REYNARTS  
899 E. COLONIAL CIR.  
DAYTONA BEACH FL 32117-3230  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2518103

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REYNAERTS, JEAN V.  
899 E. COLONIAL CIR.  
DAYTONA BEACH FL 32117

Name

RITA MARCHESE

Street Address (P.O. Box Number is Not Acceptable)

864 W. COLONIAL CIR.

DAYTONA BEACH

City

FL

Zip Code

32117

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	<input type="checkbox"/> Delete
NAME	RUDERT, DONALD	
STREET ADDRESS	876 W. COLONIAL CIR.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SWENSON, EDITH	
STREET ADDRESS	802 E. COLONIAL CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	REYNAERTS, JEAN V.	
STREET ADDRESS	899 E. COLONIAL CIR.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARBULON, LUCILLE	
STREET ADDRESS	820 W COLONIAL CIR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVROU, BARBARA	
STREET ADDRESS	910 N. COLONIAL CIR.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA MARCHESE	
STREET ADDRESS	864 W. COLONIAL CIR.	
CITY-ST-ZIP	DAYTONA BEACH FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MASTERSON	
STREET ADDRESS	865 W. COLONIAL CIR.	
CITY-ST-ZIP	DAYTONA BEACH FL.	
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)(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:

RITA B. MARCHESE 2/23/00 904 255-49-26

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)