

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90953 001 \*\*\*\*61.25

**DOCUMENT # N09858**

1. Entity Name

**COLONIAL COLONY NORTH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**C/O RITA MARCHESE  
864 W. COLONIAL CIR.  
DAYTONA BEACH FL 32117  
US**

Mailing Address

**C/O RITA MARCHESE  
864 W. COLONIAL CIR.  
DAYTONA BEACH FL 32117  
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 **59-2518103**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARCHESE, RITA  
864 W COLONIAL CIR  
DAYTONA BEACH FL 32117**

7. Name and Address of New Registered Agent

Name **BEVERLY J. YOUNGLOVE**

Street Address (P.O. Box Number is Not Acceptable)  
**1100 8TH ST.**

City **DAYTONA BEACH** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Beverly J. Younglove Secy* **2-20-03** **386-255-4462**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **MATERSON, ROBERT**  
STREET ADDRESS **865 W. COLONIAL CIR.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **ROBERT MATERSON** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **RUDERT, DONALD**  
STREET ADDRESS **876 W. COLONIAL CIR.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

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

TITLE **SD** ☒ Delete  
NAME **MARCHESE, RITA**  
STREET ADDRESS **864 W COLONIAL CIR**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **BEVERLY J. YOUNGLOVE**  
STREET ADDRESS **1100 8TH ST.**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE **TD** ☒ Delete  
NAME **CARBULON, LUCILLE**  
STREET ADDRESS **820 W COLONIAL CIR**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **ALFREDA HULL**  
STREET ADDRESS **852 W. COLONIAL CR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **D** ☐ Delete  
NAME **PROBASCO, OWEN**  
STREET ADDRESS **849 W. COLONIAL CIR.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

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

TITLE ☐ Delete  
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 all other like empowered.

SIGNATURE: *X Alfreda M. Hull* **ALFREDA M. HULL** **2/20/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)