2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90119 027 ****61.25

DOCUMENT # N11446

1. Entity Name

COLONY DON PEDRO PHASES IV & V PROPERTY OWNERS'

Principal Place of Business	Mailing Address
7025 PLACIDA ROAD ENGLEWOOD FL 34224	7025-A PLACIDA RD ATTN: ANNE MERRY ENGLEWOOD FL 34224-8758

C0009124

DO NOT WRITE IN THIS SPACE

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 59-2678367 ☐ 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
MERRY, ANNE 7025 PLACIDA ROAD ENGLEWOOD FL 34224	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CANNON, WENDELL 1522 LEIGHTON AVENUE LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NICOLL, JOAN HCR #1, BOX 34 MT. POCONO PA 18344	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV NICOLL, JOAN HCR #1, BOX 34 MT. POCONO PA 18344	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BOWMAN, ROBERT 2223 ONEKAMA DRIVE S.E. GRAND RAPIDS MI 49506	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST JENNINGS, NED RR #2 BOX 7910 EAST HOLDEN ME 04429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SCANNON, MICHAEL 7313 PELICAN ISLAND DRIVE TAMPA FL 33634	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, ROBERT 2223 ONEKAMA DRIVE S.E. GRAND RAPIDS MI 49506	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANCHARD, EDWARD 13700 LAKE POINT COURT PORT CHARLOTTE FL 33953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REID, ROBERT 108 LAKE ROAD BRENTWOOD NH 03833	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, TED 9006 CRESTMOOR DRIVE ST. LOUIS MO 63126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCANNON, MICHAEL 7313 PELICAN ISLAND DRIVE TAMPA FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED Robert Reid 1/14/00 697-6468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #