

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90136 015 ****61.25

DOCUMENT # N11446

1. Entity Name

COLONY DON PEDRO PHASES IV & V PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**7025 PLACIDA ROAD
ENGLEWOOD FL 34224**

Mailing Address

**7025-A PLACIDA RD
ATTN: ANNE MERRY
ENGLEWOOD FL 34224**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**MERRY, ANNE
7025 PLACIDA ROAD
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete
NAME **BLANCHARD, EDWARD**
STREET ADDRESS **13700 LAKE POINT CT**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **PD** ☐ Delete
NAME **NICOLL, JOAN**
STREET ADDRESS **HCR #1, BOX 34**
CITY-ST-ZIP **MT. POCONO PA 18344**

TITLE **D** ☐ Delete
NAME **HAWKINS, TED**
STREET ADDRESS **9006 CRESTMOOR DR**
CITY-ST-ZIP **SAINT LOUIS MO 63126**

TITLE **DV** ☐ Delete
NAME **BOWMAN, ROBERT**
STREET ADDRESS **2223 ONEKAMA DRIVE S.E.**
CITY-ST-ZIP **GRAND RAPIDS MI 49506**

TITLE **DST** ☐ Delete
NAME **SCANNON, MICHAEL**
STREET ADDRESS **7313 PELICAN ISLAND DRIVE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Ned Jennings**
STREET ADDRESS **42 Fisher Road**
CITY-ST-ZIP **East Holden, ME 04429**

TITLE **D** ☐ Change ☒ Addition
NAME **Jim Ross**
STREET ADDRESS **953 Chinoe Road**
CITY-ST-ZIP **Lexington, KY 40507**

TITLE **D** ☐ Change ☒ Addition
NAME **Eric Kreher**
STREET ADDRESS **1771 East 9th Avenue**
CITY-ST-ZIP **Tampa, FL 33605**

TITLE **PD** ☒ Change ☐ Addition
NAME **Robert Bowman**
STREET ADDRESS **7485 Margaret Avenue**
CITY-ST-ZIP **West Olive, MI 49460**

TITLE **DV** ☒ Change ☐ Addition
NAME **Joan Nicoll**
STREET ADDRESS **HCR #1, Box 34**
CITY-ST-ZIP **Mt. Pocono, PA 18344**

TITLE **DST** ☒ Change ☐ Addition
NAME **Ted Hawkins**
STREET ADDRESS **9006 Crestmoor Drive**
CITY-ST-ZIP **St. Louis, MO 63126**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 941 697-2192

CR2E037 (9/01)