

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13292

1. Entity Name

COLONY IN THE WOOD HOMEOWNERS ASSOCIATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90903 028 ****61.25

Principal Place of Business

Mailing Address

4000 SOUTH CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32119

4000 SOUTH CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32119-2326

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

59-2891606

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

ROSS, EITHER
40 OAK IN THE WORD
DAYTONA BEACH FL 32117

Name

Esther Ross

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

40 Oak in the Wood

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.

SIGNATURE

ESTHER ROSS

Esther Ross

DATE

4-15-00

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
SD
LUNDE, BARBARA
39 PINE IN THE WOOD
DAYTONA BEACH FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RACO, TONY
34 OAK IN THE WOOD
DAYTONA BEACH FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ROSS, ESTHER
40 OAK IN THE WOOD
DAYTONA BEACH FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ZITER, DON
48 OAK IN THE WOOD
DAYTONA BEACH FL

☐ Delete

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

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CITY-ST-ZIP

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Meen

4/15/00

Date

904

322-9402

Daytime Phone #

CR2E037 (9/99)