## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N25473** Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** COLONY POINT PROPERTY OWNERS ASSOCIATION, INC. 01-18-2000 90180 036 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 810772 P.O. BOX 810772 BOCA RATON FL 33481-0772 BOCA RATON FL 33481-772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 65-0159205 Applied For City & State 4. FFI Number City & State <del>59-2281401</del>-Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOLZBERG, JESSE. 2305 NW 67TH STREET **BOCA RATON FL 33496** City Zip Code FL 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 of printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition PD TITLE ☐ Channe TITLE ☐ Delete HOLZBERG, JESSE NAME NAME STREET ADDRESS 2305 NW 67TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Delete TITLE SD TITLE MILLS, RAY NAME STREET ADDRESS STREET ADDRESS 2310 NW 67TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Addition Change TITLE ☐ Delete NAME POPOUICH, EDWARD A. STREET ADDRESS STREET ADDRESS 2311 NW 67TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition Delete TITLE TITLE TD NAMÉ CUMMINS, RICHARD R. NAME STREET ADDRESS STREET ADDRESS 2315 NW 66TH DR. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME **BOLZ, CHARLES** STREET ADDRESS STREET ADDRESS 6741 NW 23RD WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Commins, ORIGIAND R. Commins, Trans.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR