

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33641

1. Entity Name

COLONY PARK COMMUNITY ASSOCIATION, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90008 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 86  
MELROSE FL 32666  
US

P.O. BOX 86  
MELROSE FL 32666-0086  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2969044

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, TINA J.  
6115 HAMPTON STREET  
P.O. BOX 86  
MELROSE FL 32666

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

*Tina J. Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-00

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 D ☒ Delete  
NAME FRIEDLANDER, GARY  
STREET ADDRESS 1761 NW 17TH LANE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Change ☒ Addition  
NAME Mary Love  
STREET ADDRESS 1731 NW 17th LN  
CITY-ST-ZIP Gainesville, FL 32605

TITLE PD ☐ Delete  
NAME REYNOLDS, RICHARD  
STREET ADDRESS 1615 NW 16TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE D ☒ Delete  
NAME SAMUELS, MARIA  
STREET ADDRESS 1631 NW 16TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Change ☒ Addition  
NAME Marjorie Niblack  
STREET ADDRESS 1742 NW 16th PL.  
CITY-ST-ZIP Gainesville, FL 32605

TITLE D ☒ Delete  
NAME MCCURDY, SUE  
STREET ADDRESS 1715 NW 16TH DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Change ☒ Addition  
NAME Karen Hall  
STREET ADDRESS 1756 NW 17th LN  
CITY-ST-ZIP Gainesville, FL 32605

TITLE D ☒ Delete  
NAME TARBOX, GILLETTE  
STREET ADDRESS 1734 NW 17TH LANE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Change ☒ Addition  
NAME William Fogarty  
STREET ADDRESS 1764 NW 17th LN  
CITY-ST-ZIP Gainesville, FL 32605

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:

*Tina J. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

352-475-1133

Daytime Phone #

CR2E037 (9/99)