

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33641

1. Entity Name

COLONY PARK COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 86~~  
MELROSE FL 32666  
US

~~P.O. BOX 86~~  
MELROSE FL 32666  
US

2. Principal Place of Business

6115 Hampton Street  
Suite, Apt. #, etc.

3. Mailing Address

6115 Hampton Street  
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

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 D ☐ Delete  
NAME LOVE, MARY  
STREET ADDRESS 1731 NW 17TH LN  
CITY-ST-ZIP GAINESVILLE FL 32605

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

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 NIBLACK, MARJORIE  
STREET ADDRESS 1742 NW 16TH PL  
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE D ☐ Delete  
NAME HALL, KAREN  
STREET ADDRESS 1756 NW 17TH LN  
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE D ☐ Delete  
NAME FOGERTY, WILLIAM  
STREET ADDRESS 1768 NW 17TH LN  
CITY-ST-ZIP GAINESVILLE FL 32605

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

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

(352) 475-1133

Date

Daytime Phone #

CR2E037 (9/01)

1/14/02

FILED  
Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90029 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE