

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N37548**

1. Entity Name

COLEE HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1701 BRICKELL DRIVE
FT. LAUDERDALE FL 333011701 BRICKELL DRIVE
FT. LAUDERDALE FL 33301

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

65-0188810

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

LOCHRIE, ROBERT B JR.
1701 BRICKELL DRIVE
FT. LAUDERDALE FL 33301

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 \$61.259. 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 PD
NAME LOCHRIE, ROBERT B JR.
STREET ADDRESS 1701 BRICKELL DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VPD
NAME BRYAN, SUSAN
STREET ADDRESS BRICKELL DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME COLE, ALICE
STREET ADDRESS 1629 S.E. 2ND COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD
NAME MCCORMICK, PEGGY
STREET ADDRESS 111 S.E. 17TH AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME SCOTT, DEBORAH
STREET ADDRESS 1620 S.E. 2ND COURT
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME SHUMPERT, ANN
STREET ADDRESS 1620 S.E. 2ND COURT
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DeleteTITLE
NAME
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

Date

Daytime Phone #

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90024 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)