

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90370 039 ****70.00

DOCUMENT # N37548

1. Entity Name
COLEE HAMMOCK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

7 SE 13th Avenue

Suite, Apt. #, etc.

3. Mailing Address

7 S.E. 13th Avenue

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number **65-0188810**

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LOCHRIE, ROBERT B JR.

1701 BRICKELL DRIVE

FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **Thomas W. Welch**

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

7 SE 13th Avenue

City

Fort Lauderdale

FL

Zip Code
33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas W. Welch

Thomas W. Welch, President / Director

4-16-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCHRIE, ROBERT B JR.	
STREET ADDRESS	1701 BRICKELL DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, SUSAN	
STREET ADDRESS	BRICKELL DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLE, ALICE	
STREET ADDRESS	1629 S.E. 2ND COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCORMICK, PEGGY	
STREET ADDRESS	111 S.E. 17TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, DEBORAH	
STREET ADDRESS	1620 S.E. 2ND COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMPERT, ANN	
STREET ADDRESS	1620 S.E. 2ND COURT 4th Street	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas W. Welch	
STREET ADDRESS	7 SE 13th Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	Vice-President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Shumpert	
STREET ADDRESS	1620 SE 2nd Court 4th Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Molly Taylor	
STREET ADDRESS	1620 SE 2nd Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert B. Lochrie, Jr.	
STREET ADDRESS	1701 Brickell Drive	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Jordan	
STREET ADDRESS	1109 SE 4th Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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:

Thomas W. Welch

Thomas W. Welch President / Director

954-626-1428

CR2E037 (10/02)