

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2000 8:00 am**  
**Secretary of State**

06-14-2000 90002 002 \*\*\*\*61.25

**DOCUMENT # N39604**

1. Entity Name

**COLINES VERDE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

12820 LEEDS COURT  
 WELLINGTON FL 33414  
 US

Mailing Address

12820 LEEDS COURT  
 WELLINGTON FL 33414-8019  
 US

2. Principal Place of Business

2315 Las Casitas DR

3. Mailing Address

2315 Las Casitas Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

Zip

33414

Country

Palm Beach

4. FEI Number

65-0208397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MOORE, LINDA  
 12820 LEEDS COURT  
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

GAYE SCARPA

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

2315 Las Casitas Dr.

City

Wellington

FL

Zip Code

33414

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

TITLE PD ☒ Delete  
 NAME SCARPA, GAYE  
 STREET ADDRESS 1401 COCOANUT ROAD  
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE VD ☐ Delete  
 NAME O'BRIEN, ARTHUR  
 STREET ADDRESS 3003 TRINITY COURT  
 CITY-ST-ZIP CHESTER SPRINGS PA 19425

TITLE STD ☒ Delete  
 NAME MOORE, LINDA  
 STREET ADDRESS 12820 LEEDS COURT  
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD / TD ☒ Change ☐ Addition  
 NAME GAYE SCARPA  
 STREET ADDRESS 2315 Las Casitas Dr  
 CITY-ST-ZIP Wellington, FL 33414

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

TITLE ☒ Change ☐ Addition  
 NAME LINDA MOORE  
 STREET ADDRESS 857 Cedar Cove Rd  
 CITY-ST-ZIP Wellington, FL 33414

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

TITLE ☐ Change ☐ Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1-2000

561-793-5881

CR2000 7 (1/1/00)