

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90194 040 \*\*\*\*61.25

**DOCUMENT # N39604**

1. Entity Name

**COLINES VERDE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

2315 LAS CASTAS DR  
 WELLINGTON FL 33414  
 US

Mailing Address

2315 LAS CASTAS DR  
 WELLINGTON FL 33414  
 US

2. Principal Place of Business

**3612 Aiken Ct.**  
 Suite, Apt. #, etc.  
**WELLINGTON**

3. Mailing Address

**3612 Aiken Ct.**  
 Suite, Apt. #, etc.  
**WELLINGTON**

City & State

**FL**

City & State

**FL**

Zip

**33414**

Country

**USA**  
**Palm Beach**

Zip

**33414**

Country

**USA**

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

**SCARPA, GAYE**  
**2315 LAS CASITAS DR**  
**WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **GAYE SCARPA**

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

**3612 Aiken Ct.**

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

*Gaye Scarpa, President/Director*  
**GAYE SCARPA**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCARPA, GAYE 2315 LAS CASITAS DR WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'BRIEN, ARTHUR 3003 TRINITY COURT CHESTER SPRINGS PA 19425	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, LINDA 857 CEDAR COVE RD WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Annie Royer 3595 Aiken Ct. WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gaye Scarpa, President*  
**GAYE SCARPA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/01 561-445-0001**

Date

Daytime Phone #

CR2E037 (10/00)