

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-06-2002 90278 038 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48352

1. Entity Name

COLLINS LAKES ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business

C/O JEANNETTE PELLAND
5465 CORKY COURT
JACKSONVILLE FL 32244
US

Mailing Address

C/O JEANNETTE PELLAND
5465 CORKY COURT
JACKSONVILLE FL 32244
US

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

59-3125688

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PELLAND, JEANNETTE
5465 CORKY COURT
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name NANCY Smith

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

8067 Pineverde

Jacksonville

City

FL

Zip Code

32244

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 Nancy Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-1-2002

DATE

After September 13, 2002,
min. will be \$236.25.

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 | <u>PD</u> | <input type="checkbox"/> Delete |
| NAME | PELLAND, JEANNETTE | |
| STREET ADDRESS | 5465 CORKY COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | <u>D</u> | <input type="checkbox"/> Delete |
| NAME | BUTLER, KENNETH | |
| STREET ADDRESS | 8131 PINEVERDE LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | <u>TD</u> | <input type="checkbox"/> Delete |
| NAME | SHIRLEY, LYNN | |
| STREET ADDRESS | 8056 PINEVERDE LN. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | <u>D</u> | <input checked="" type="checkbox"/> Delete |
| NAME | HURST, ROBERT | |
| STREET ADDRESS | 8084 PINEVERDE LN | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | <u>D</u> | <input checked="" type="checkbox"/> Delete |
| NAME | HUGHES, MATTHEW | |
| STREET ADDRESS | 8072 PINEVERDE LN | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | <u>PRESIDENT</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN CHATHAM PD | |
| STREET ADDRESS | 8133 CORKY LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | <u>Secretary</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANN STACY D | |
| STREET ADDRESS | 8060 CORKY COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | <u>TREASURER</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NANCY SMITH TD | |
| STREET ADDRESS | 8067 Pineverde Lane | |
| CITY-ST-ZIP | Jacksonville FL 32244 | |
| TITLE | <u>Vice President</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert Armstrong D | |
| STREET ADDRESS | 5441 CORKY COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | <u>Rep at Large</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Obed Caldas, SR | |
| STREET ADDRESS | 8127 CORKY COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | <u>Rep at Large</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GREGORY MICKELL D | |
| STREET ADDRESS | 8044 CORKY COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |

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: Nancy Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2002 (904)
Date Daytime Phone # 715-7282

CR2E037 (4/02)