

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90268 039 ****70.00

DOCUMENT # N48352

1. Entity Name
COLLINS LAKES ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O JEANNETTE PELLAND C/O JEANNETTE PELLAND
5465 CORKY COURT 5465 CORKY COURT
JACKSONVILLE FL 32244 JACKSONVILLE FL 32244
US US

10022262



2. Principal Place of Business Suite, Apt. #, etc.
C/O Nancy Smith

3. Mailing Address Suite, Apt. #, etc.
C/O Nancy Smith

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE FL

4. FEI Number **59-3125688** Applied For
Not Applicable

Zip Country
32244 US

Zip Country
32244 US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, NANCY
8067 PINEVERDE
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CHATHAM, JOHN	
STREET ADDRESS	8133 CORKY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, KENNETH	
STREET ADDRESS	8131 PINEVERDE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, NANCY	
STREET ADDRESS	8067 PINEVERDE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, ROBERT	
STREET ADDRESS	5441 CORKY COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	RAL	<input type="checkbox"/> Delete
NAME	CALDAS, OBED SR	
STREET ADDRESS	8127 CORKY COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	RALD	<input type="checkbox"/> Delete
NAME	MIKELL, GREGORY	
STREET ADDRESS	8044 CORKY COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 REQUIRED** Date: **2/14/2003** Daytime Phone #: **(904) 215-7282**

CR2E037 (10/02)