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

Mailing Address

5465 CORKY COURT

C/O JEANNETTE PELLAND

## **DOCUMENT # N48352**

1. Entity Name

Principal Place of Business

C/O JEANNETTE PELLAND

COLLINS LAKES ESTATES OWNERS ASSOCIATION, INC.



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

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

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2. Pyreigh Place of Business Suita Applied For Nation 2. Food 1	5465 CORKY CO JACKSONVILLE I US	FL 32244	•	5465 CORKY COURT JACKSONVILLE FL 32244 US							
COUNTY STATE ADDITIONS CHARGES TO OFFICERS AND DIRECTORS OFFICERS O	2. Principal Pla	cy 5m	# #					BI 18189 11181 81118 1181 918			
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S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Namo  Sweet Address (P.O. Box Number is Not Acceptable)  Sreet Address (P.O. Box Number is Not Acceptable Agent is Not Accep	City & State			City & State			1. 12.11011101 13-3 123000				
SMITH, NANCY 8067 PINEYERDE JACKSONVILE FL 32244  Signal, tipod or priority submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept me obligations of registered agent.  SIGNATURE  Signal, tipod or private man of registered sport was till at applicable.  SIGNATURE  Signal, tipod or private man of registered sport was till at applicable.  SIGNATURE  Signal, tipod or private man of registered sport was till at applicable.  SIGNATURE  Signal, tipod or private man of registered sport was till at applicable.  SIGNATURE  Signal, tipod or private man of registered sport was till at applicable.  SIGNATURE  Signal, tipod or private man of registered sport was till at applicable.  SIGNATURE  Signal, tipod or private man of registered sport was till at applicable.  SIGNATURE  Signal, tipod or private man of registered agent.  SIGNATURE  Signal, tipod or private man of registered agent.  SIGNATURE  Signal, tipod or private man of registered agent.  SIGNATURE  Signal, tipod or private man of registered agent.  SIGNATURE  Signal, tipod or private man of registered agent.  SIGNATURE  CHATHAM, JOHN  SIGNATURE  CHATHAM, JOHN  SIGNATURE  CHATHAM, JOHN  SIGNATURE  CHATHAM, JOHN  SIGNATURE  SIGNATURE AGENT  SIGNATURE	Zip			Zip		Country	sountry 58.7				
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8067 PINEVERDE JACKSONVILLE FL 32244  8. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar wirin, and accept the obligation and state of the property of the	6. Name and Address of Current Registered Agent					Name	7. Hamo and Ada				
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SIGNATURE    Signature   Signa						City			FL Zip Code	•	
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indicated on this report or supplied with this minig does not quality for the exemption stated in declared in 19.07(3)(f), monda diatules. Find the information indicated on this report or suppliemental 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:**