2002 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2002 8:00 am Secretary of State DOCUMENT # **N94000004787** 1. Entity Name COLONIAL WOODS ESTATES HOMEOWNERS ASSOCIATION, I 05-05-2002 90286 025 ****70.00 NC. Principal Place of Business Mailing Address 5710 FERN OAK CT 5710 FERN OAK CT SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, & DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0553339 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u> 7HL</u>een BENIGNI AUDRICK, JEFFREY R. Street Address (P.O. Box Number is Not Acceptable) 5710 FERN OAK CT SARASOTA FL 34232 ERN OAK 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. KATHLEEN BENIGNI TITLE ☐ Delete TITLE (9/01)Change ☐ Addition ANDRICK, JEFFREY R NAME PRESIDENT STOL FERN OAK OT. STREET ADDRESS 5710 FERN OAK CT STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP ACASOTA, FLA 34232 **VPD** TITLE ☐ Defete Change ☐ Addition RAGNI, NICK NAME NICK RAGNI 715 FEBN OAK CT STREET ADDRESS 5715 FERN OAK CT STREETIADORE CITY-ST-7IP Sarasota Fl 34232 0117-01-71P Sarasota. Fla STD TITLE SEC/TREASURY ☐ Delete TITLE Change Addition BENIGNI, GERALD -NAME = GERALD BENIGHT NAME STREET ADDRESS 5721 FERN OAK CT 5721 FERN OAK CT. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP. <u>SARASOTA. FLA</u> 34232 TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OF DIRECTOR

Daytime Phone #