

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

1/1

01-13-2003 90471 041 \*\*\*61.25

**DOCUMENT # N94000004787**

1. Entity Name

**COLONIAL WOODS ESTATES HOMEOWNERS ASSOCIATION  
NC.**



Principal Place of Business

Mailing Address

**5710 FERN OAK CT  
SARASOTA FL 34232  
US**

**5710 FERN OAK CT  
SARASOTA FL 34232  
US**

2. Principal Place of Business

3. Mailing Address

**5721 FERN OAK CT**

**5721 FERN OAK CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL.**

City & State

**SARASOTA FL.**

Zip

**34232**

Country

**US**

Zip

**34232**

Country

**US.**

4. FEI Number **65-0553339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENIGNI, KATHLEEN  
5721 FERN OAK CT  
SARASOTA FL 34232**

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

*Kathleen Benigni*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-8-03**

**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** ☐ Delete

NAME **BENIGNI, KATHLEEN**  
STREET ADDRESS **5721 FERN OAK CT**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **VPD** ☐ Delete

NAME **RAGNI, NICK**  
STREET ADDRESS **5715 FERN OAK CT**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **ST** ☐ Delete

NAME **BENIGNI, GERALD**  
STREET ADDRESS **5721 FERN OAK CT**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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 817, 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:

*Kathleen Benigni* **KATHLEEN BENIGNI**

**1-8-03**

**941-379-8259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)