

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

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90186 006 ****70.00

DOCUMENT # N94000005549

1. Entity Name

ST. ANTHONY'S COMMUNITY HOMES, INC.



Principal Place of Business

**3628 DAISY AVENUE
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**19938 WILKINSON LEAS ROAD
TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

15652 79th Terrace N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

Country

Zip

Country

33418

U.S.

4. FEI Number **65-0527683**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOLAR, JAMES
19938 WILKINSON LEAF RD.
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name **Donald Smith**
Street Address (P.O. Box Number is Not Acceptable)

11891 U.S. Hwy 1

City **North Palm Beach, FL**

FL

Zip Code

33408

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 **Donald Smith**

Donald R. Smith

5-1-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KOLAR, JAMES**
STREET ADDRESS **19938 WILKINSON LEAF RD.**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SMITH, DONALD**
STREET ADDRESS **11891 U.S. HWY. #1**
CITY-ST-ZIP **NORTH PALM BEACH FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KOLAR, MARY**
STREET ADDRESS **19938 WILKINSON LEAS ROAD**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☒ Change ☐ Addition
NAME **Cynthia Smith**
STREET ADDRESS **15652 79th Terrace N.**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 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: **Donald R. Smith** **Donald R. Smith** **5-1-03** **(561) 622-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Stamp *

CR2E037 (10/02)