

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 12, 2001 8:00 am
Secretary of State

01-25-2001 90151 013 ****61.25

DOCUMENT # N95000005032

1. Entity Name

COLONY PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**831-A SKY LAKE CIRCLE
ORLANDO FL 32809**

**831-A SKY LAKE CIRCLE
ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0613845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, ANTONIO J-
831-A SKY LAKE CIRCLE
ORLANDO FL 32809**

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.

SIGNATURE

ANTONIO J. MARTINEZ, Manager

x 1/8/2001

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **PADILLA, MIGUEL A**
STREET ADDRESS **831-A SKY LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **NORMA DALECCIO**
STREET ADDRESS **831-A SKY LAKE CIRCLE D**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **PD** ☐ Delete
NAME **BETANCOURT, CARMEN**
STREET ADDRESS **831-A SKY LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **CARMEN BETANCOURT**
STREET ADDRESS **831-A SKY LAKE CIRCLE D**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **D** ☒ Delete
NAME **RABELO, RUTH N**
STREET ADDRESS **831-A SKY LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **LUCY MATEO-GONZALEZ**
STREET ADDRESS **831-A SKY LAKE CIRCLE D**
CITY-ST-ZIP **ORLANDO, FL 32809**

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:

ANTONIO J. MARTINEZ, Manager

1/8/2001

401-855-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)