

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 91009 017 \*\*\*\*61.25

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

DOCUMENT # N95000005032

1. Entity Name

COLONY PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

831-A SKY LAKE CIRCLE  
ORLANDO FL 32809

Mailing Address

P O BOX 478  
OCOE FL 34761

70054084



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1100 West Colonial Drive

3. Mailing Address

5930 Frond Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocoee FL

City & State

Apollo Beach FL

4. FEI Number 65-0613845

Applied For

Not Applicable

Zip

34761

Country

US

Zip

33572

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERCED, CARLOS  
11100 WEST COLONIAL DR  
OCOE FL 34761

7. Name and Address of New Registered Agent

Name John Holdsworth

Street Address (P.O. Box Number is Not Acceptable)

5930 Frond Way

City Apollo Beach

FL

Zip Code  
33572

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

*John W. Holdsworth*

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

(NOTE: Registered Agent signature required when reinstating)

4-29-03

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

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

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

TITLE TD  
NAME MATEO-GONZALEZ, LUCY  
STREET ADDRESS 831-A SKY LAKE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

*John W. Holdsworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

Daytime Phone #