

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90323 034 \*\*\*\*61.25

DOCUMENT # *N 97000001307*

1. Entity Name

*Colony Meadows Homeowners Association, Inc.*

Principal Place of Business

Mailing Address

*5317 Colony Meadows Lane  
 Sarasota FL 34233*

*P.O. Box 21233  
 Sarasota FL  
 34276*

2. Principal Place of Business

3. Mailing Address

*5317 Colony Meadows Lane*

*P.O. Box 21233*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Sarasota FL*

City & State  
*Sarasota FL*

4. FEI Number

*65-0830481*

Applied For

Not Applicable

Zip  
*34233*

Country  
*Sarasota*

Zip  
*34276*

Country  
*Sarasota*

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

*John A. Clifford  
 5378 Colony Meadows Lane  
 Sarasota FL 34233*

Name *Denise Champagne*  
 Street Address (P.O. Box Number is Not Acceptable)  
*5317 Colony Meadows Lane*  
 City *Sarasota* FL Zip Code *34233*

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.

*Denise Champagne, President*

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

*Denise Champagne*

*3/6/01*

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 *Director*  Delete  
 NAME *John A. Clifford*  
 STREET ADDRESS *5378 Colony Meadows Lane*  
 CITY-ST-ZIP *Sarasota FL 34233*

TITLE *Director - President*  Change  Addition  
 NAME *Denise Champagne*  
 STREET ADDRESS *5317 Colony Meadows Lane*  
 CITY-ST-ZIP *Sarasota FL 34233*

TITLE *Director*  Delete  
 NAME *Clyde Carpenter*  
 STREET ADDRESS *5301 Colony Meadows Lane*  
 CITY-ST-ZIP *Sarasota FL 34233*

TITLE *Director*  Change  Addition  
 NAME *John Ellsworth*  
 STREET ADDRESS *5388 Colony Meadows Lane*  
 CITY-ST-ZIP *Sarasota FL 34233*

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  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 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: *Denise Champagne* *Denise Champagne* 3/6/01 (941) 926-2277  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00025017

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)