

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002620

1. Entity Name

THE COLONY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1508 OCEAN DRIVE
VERO BEACH FL 32963

Mailing Address

2800 OCEAN DRIVE
VERO BEACH FL 32963

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

59-3450722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK II, JOSEPH A
1508 OCEAN DRIVE
#101
VERO BEACH FL 32963

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.

SIGNATURE

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

TITLE PD
NAME COOK II, JOSEPH A ☐ Delete
STREET ADDRESS 1508 OCEAN DR, #101
CITY-ST-ZIP VERO BEACH FL 32963

TITLE SD
NAME PULLIAM, ROYCE ☐ Delete
STREET ADDRESS 1508 OCEAN DRIVE, #305
CITY-ST-ZIP VERO BEACH FL 32963

TITLE TD
NAME HARDIE, JAMES ☐ Delete
STREET ADDRESS 1508 OCEAN DRIVE, #103
CITY-ST-ZIP VERO BEACH FL 32963

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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

270 781-3622

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90067 045 *****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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