

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

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90149 012 \*\*\*\*70.00

DOCUMENT # **N98000003100**

1. Entity Name

**COLONIAL COACH HOME OWNERS  
ASSOCIATION**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9315 MEMORIAL HWY**

Suite, Apt. #, etc.

**TAMPA**

City & State

**FLORIDA**

3. Mailing Address

**138 Shore Parkway**

Suite, Apt. #, etc.

City & State

**TAMPA, FLORIDA**

Zip

**33615**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3592710**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**DEBORAH J BOVARD**

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

**337 GREENVALE DRIVE**

City

**TAMPA**

FL

Zip Code

**33685**

**DO NOT WRITE  
IN THIS SPACE**

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

**Deborah J. Bovard**

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

(NOTE: Registered Agent signature required when reinstating)

**5/19/03**

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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	<b>PRESIDENT / Director</b>
NAME	<b>DEBORAH BOVARD</b>
STREET ADDRESS	<b>337 GREENVALE DR.</b>
CITY - ST - ZIP	<b>TAMPA FLORIDA 33615</b>
TITLE	<b>VICE PRESIDENT 1ST / Director</b>
NAME	<b>LISA SCARBROUGH</b>
STREET ADDRESS	<b>107 Shore Parkway</b>
CITY - ST - ZIP	<b>TAMPA, FLORIDA 33615</b>
TITLE	<b>2ND VICE PRESIDENT / Director</b>
NAME	<b>JERNIE MATHEWS</b>
STREET ADDRESS	<b>208 SANDY AVE</b>
CITY - ST - ZIP	<b>TAMPA FLORIDA 33615</b>
TITLE	<b>SECRETARY / Director</b>
NAME	<b>LUCY RODRIGUEZ</b>
STREET ADDRESS	<b>136 SHORE PARKWAY</b>
CITY - ST - ZIP	<b>TAMPA FLORIDA 33615</b>
TITLE	<b>TREASURER / Director</b>
NAME	<b>Rita Hammond</b>
STREET ADDRESS	<b>138 Shore Parkway</b>
CITY - ST - ZIP	<b>TAMPA FLORIDA 33615</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Deborah J. Bovard, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/03**

Date

**813-880-8867**

Daytime Phone #

CR2E037B (12/02)