

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90092 038 ****61.25

DOCUMENT # N98000005317

1. Entity Name
COLONIALTOWN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**P. O. BOX 11163
ORLANDO FL 32814**

Mailing Address

**P. O. BOX 11163
ORLANDO FL 32814**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3321354

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEE, DAVID
1613 PARK LAKE ST
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David M. Lee
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/12/03

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	<input type="checkbox"/> Delete
NAME	LEININGER, LARRY	
STREET ADDRESS	2009 MONTANA ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TREXLER, MIKE	
STREET ADDRESS	1510 ILLINOIS ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEE, DAVID	
STREET ADDRESS	1613 PARK LAKE STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, ANNE MARIE	
STREET ADDRESS	815 PALM DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Leininger	
STREET ADDRESS	2009 Montana Street	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	April Kaiser	
STREET ADDRESS	1341 Morris Ave	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Lee	
STREET ADDRESS	1613 Park Lake St	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Marie Armstrong	
STREET ADDRESS	815 Palm Dr	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: David M. Lee 3/12/03 407 896 6394

CR2E037 (10/02)