

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006672

1. Entity Name

THE COLONY AT HERON BAY ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90107 015 ****61.25

Principal Place of Business

Mailing Address

3300 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065

24301 WALDEN CENTER DR
 BONITA SPRINGS FL 34134-4920
 US

2. Principal Place of Business

24301 Walden Center Dr.

3. Mailing Address

Suite, Apt. #, etc.
 Suite 300

Suite, Apt. #, etc.

City & State

Bonita Springs, Fl

City & State

4. FEI Number

65-0882624

Applied For

Not Applicable

Zip

Country

34134

Zip

Country

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

HASTINGS, VIVEN
 24301 WALDEN CENTER DRIVE
 BONITA SPRINGS FL 34134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
 NAME **D. RANDY WEBB**
 STREET ADDRESS **3300 UNIVERSITY DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **DP** ☐ Change ☒ Addition
 NAME **Kenneth W. Hayden**
 STREET ADDRESS **24301 Walden Center Drive**
 CITY-ST-ZIP **Bonita Springs, Fl. 34134**

TITLE **DST** ☐ Delete
 NAME **SMIETANA, MARK J**
 STREET ADDRESS **3300 UNIVERSITY DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **DV** ☐ Delete
 NAME **RICHARD, CHRISTOPHER**
 STREET ADDRESS **3300 UNIVERSITY DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

KENNETH W. HAYDEN

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

941-498-8620

CR2E037 (9/99)