

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006672

1. Entity Name

THE COLONY AT HERON BAY ASSOCIATION, INC.

Principal Place of Business

24301 WALDEN CENTER DRIVE
STE 300
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DR
BONITA SPRINGS FL 34134
US

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

65-0882624

Applied For

Not Applicable

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, VIVIEN
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
NAME
STREET ADDRESS
CITY-ST- ZIP
DP
HAYDEN, KENNETH W
24301 WALDENCENTER DR
BONITA SPRINGS FL 34134 ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
DVP
Haluska, Andrew
24301 Walden Center Dr
Bonita Springs, FL 34134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

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

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90025 014 *****61.25

817026



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)