

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006672

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE COLONY AT HERON BAY ASSOCIATION, INC.

**Current Principal Place of Business:**

24301 WALDEN CENTER DRIVE  
STE 300  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 65-0882624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HAYDEN, KENNETH W  
Address: 24301 WALDENCENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST ( ) Delete  
Name: SMETANA, MARK J  
Address: 3300 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DVP ( ) Delete  
Name: HALUSKA, ANDREW  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FLINN, MILTON  
Address: 24301 WALDENCENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON FLINN

DP

04/30/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date