

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 05, 2000 8:00 am**
Secretary of State

09-05-2000 90024 043 ***61.25

DOCUMENT # N99000003006

1. Entity Name

THE COLONY AT HAWKSRIDGE CONDOMINIUM ASSOCIATION

Principal Place of Business

**2660 HAWKSRIDGE DR.
NAPLES FL 34103**

Mailing Address

**2660 HAWKSRIDGE DR.
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

2335 9th ST. No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

City & State

City & State

NAPLES, FL

4. FEI Number

59-3576882

Applied For

Not Applicable

Zip

Country

Zip

Country

34103**COLLIER**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

PRICE, R. SCOTT ESQ.**2640 GOLDEN GATE PKWY., #315
NAPLES FL 34105**

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**After September 13, 2000 min. will be \$236.25**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 **D/P** ☐ Delete
NAME **BOK, MARVIN**
STREET ADDRESS **8205 LIMA RD.**
CITY-ST-ZIP **FT. WAYNE IN 46818**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D/VP** ☐ Delete
NAME **DAVIDSON, SUE**
STREET ADDRESS **2561 TALON CT.**
CITY-ST-ZIP **NAPLES FL 34105**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D/T/S** ☐ Delete
NAME **BOK, JANET**
STREET ADDRESS **2561 TALON CT.**
CITY-ST-ZIP **NAPLES FL 34105**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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.

SIGNATURE:

WILLIAM D. DIXON, VICE DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/17/00 941-643-3150**
Date Daytime Phone #

CR2E037 (5/00)