

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90972 017 ****61.25

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1. Entity Name

THE COLONY AT HAWKSRIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2660 HAWKSRIDGE DR.
NAPLES FL 34103**

Mailing Address

**2335 9TH STREET N
#504
NAPLES FL 34103**

2. Principal Place of Business

4100 Corporate Sq # 105

3. Mailing Address

4100 Corporate Sq # 105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Naples, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number **59-3576882**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLINS, THOMAS II A ESQ
4001 TAMiami TRAIL NORTH
SUITE #330
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Anchor Associates, Inc**
Street Address (P.O. Box Number is Not Acceptable)
4100 Corporate Sq # 105
City **Naples** FL Zip Code **34104**

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 **Shirley Hingston**

Shirley Hingston

4-28-03

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 checked="" type="checkbox"/> Delete
NAME	BOK, MARVIN	
STREET ADDRESS	8205 LIMA RD.	
CITY-ST-ZIP	FT. WAYNE IN 46818	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, SUE	
STREET ADDRESS	2561 TALON CT.	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLPE, MICHAEL	
STREET ADDRESS	2150 HAWKSRIDGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	MAZONE, BRIAN	
STREET ADDRESS	2561 Talon Ct. #403	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUFANO, ROSARIO	
STREET ADDRESS	2250 Hawksridge Dr. # 2301	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKIP JORDANO	
STREET ADDRESS	2145 Hawksridge Dr # 1202	
CITY-ST-ZIP	Naples, FL 34105	
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		
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: **Brian Mazone**

4-28-03

CR2E037 (10/02)