

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mottram Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 720678 (2)

1. Corporation Name
NEW COLONY HOUSE, INC.



Principal Place of Business		Mailing Address	
500 S BEACH ST OFFICE DAYTONA BEACH FL 32114-5037		500 S BEACH ST OFFICE DAYTONA BEACH FL 32114-5037	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/08/1971	59-1365166
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For
23 Zip	28 Zip	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

FISCHER, KATHLEEN T
500 S. BEACH ST.
B2
DAYTONA BCH FL 32014

3. Date Incorporated or Qualified
04/08/1971

4. FEI Number
59-1365166

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, KATHLEEN	1.2 NAME	TRAVAZAREZ, JOSE (TR)
STREET ADDRESS	500 S BEACH ST B2	1.3 STREET ADDRESS	500 S. Bch. ST.
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	1.4 CITY-ST-ZIP	DAYT. Bch. FL. APT B3
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABOOD, BOBBI	2.2 NAME	DAN WHELAN
STREET ADDRESS	500 S BEACH STREET	2.3 STREET ADDRESS	500 S. Bch. ST.
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	2.4 CITY-ST-ZIP	DAYTONA Bch. FL. APT. H2
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDELICATO, ANDY	3.2 NAME	LILLIAN Dornley
STREET ADDRESS	500 S BEACH ST #K1	3.3 STREET ADDRESS	500 S. Bch. ST.
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	3.4 CITY-ST-ZIP	DAYTONA Bch. FL. (J2)
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, JOHN	4.2 NAME	DOROTHY LOZEFREY
STREET ADDRESS	500 S BEACH ST #K3	4.3 STREET ADDRESS	500 S. Bch. ST.
CITY-ST-ZIP	DAYTONA BCH, FL 00000	4.4 CITY-ST-ZIP	DAYTONA Bch. FL. APT J1
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIDEN, PETER	5.2 NAME	ERNEZ FORRO
STREET ADDRESS	500 S. Bch. St. #61	5.3 STREET ADDRESS	500 S. Bch. ST.
CITY-ST-ZIP	DAYT. Bch. FL.	5.4 CITY-ST-ZIP	DAYTONA Bch., FL. APT C3
TITLE	SEC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABOOD, BOBBI	6.2 NAME	
STREET ADDRESS	500 S. Bch. St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYT. Bch. FL.	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Kathleen Fischer - President**

CR2E037 (10/97)