

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728740 (2)

1. Corporation Name

THE COLONIES OF MARGATE MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 6103 COLONIAL DRIVE MARGATE FL 33063
Mailing Address: 6103 COLONIAL DRIVE MARGATE FL 33063

3. Date Incorporated or Qualified: 02/06/1974
3a. Date of Last Report: 04/18/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
BEAUREGARD, LEON
6418 NW 28TH STREET
MARGATE, FL 33063

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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: Leon Beaugard
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 1-26-96

12. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEAUREGARD, LEON	
STREET ADDRESS	6418 NW 28TH ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COPPOLINO, PETER	
STREET ADDRESS	6412 COLONIAL DRIVE	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCONI, FRED	
STREET ADDRESS	6800 NW 29 STR	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KIECHLE, VICTOR	
STREET ADDRESS	6332 NW 29TH CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CURRY, BETTY	
STREET ADDRESS	6306 NW 28 CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YVES, PILON	
STREET ADDRESS	6304 NW 29TH PL.	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEAUREGARD, LEON	
1.3 STREET ADDRESS	6418 NW 28th St	
1.4 CITY-ST-ZIP	Margate, FL 33063	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COPPOLINO, PETER	
2.3 STREET ADDRESS	6412 COLONIAL DRIVE	
2.4 CITY-ST-ZIP	MARGATE, FL 33063	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARCONI, FRED	
3.3 STREET ADDRESS	2904 NW 61st AVE	
3.4 CITY-ST-ZIP	MARGATE, FL 33063	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KIECHLE, VICTOR	
4.3 STREET ADDRESS	6332 NW 29th CT	
4.4 CITY-ST-ZIP	MARGATE, FL 33063	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CURRY, BETTY	
5.3 STREET ADDRESS	6306 NW 28th CT	
5.4 CITY-ST-ZIP	MARGATE, FL 33063	
6.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PILON, YVES	
6.3 STREET ADDRESS	6304 NW 29th PL	
6.4 CITY-ST-ZIP	MARGATE, FL 33063	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Leon Beaugard
Signature and typed or printed name of signing officer or director
Date: 1-26-96
Date
Phone #: (305) 977-5242
Phone #

CR2E037 (12/95)