

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33063-5643
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3. Date Incorporated or Qualified 02/06/1974	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 **FL** 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* **LEON BEAUREGARD PRES.** **1-31-97**

Signature, typed or printed name of registered agent and for all applicable (NOT Registered Agent signature required when reissuing) DATE

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

TITLE	T Gloria Morris 6535 NW 29th St. Margate, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD Wallace Ramoski 2910 NW 65th Terrace Margate, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

14. I do 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: *Leon Beaugard* **LEON BEAUREGARD** **1-31-97** 954-971-5342

CR2E037 (9/96)