

FILE NOW: FILING FEE IS \$61.25

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Apr 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 728740 (2)  
1<sup>st</sup> Corporation Name  
THE COLONIES OF MARGATE MOBILE HOMEOWNERS ASSOCIATION, INC.  
Tax ID 59-1961523

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

3. Date Incorporated or Qualified  
02/06/1974

4. FEI Number NOT APPLICABLE Applied For 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

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
STANLEY SNYDER  
6416 NW 28th St.  
Margate, FL 33063

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 300002494658  
-04/21/98--01022--002  
84 City \*\*\*70.00 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 *Stanley Snyder* DATE 4/14/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEON BEAUREGARD	
STREET ADDRESS	6418 NW 28th ST.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRED MARCONI	
STREET ADDRESS	2904 NW 61st AVE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PETER COPPOLINO	
STREET ADDRESS	6412 COLONIAL DRIVE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	YVES PILON	
STREET ADDRESS	6304 NW 29th PL	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VICTOR KIECHLE	
STREET ADDRESS	6332 NW 29th CT	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BETTY CURRY	
STREET ADDRESS	6306 NW 28th Ct	
CITY-ST-ZIP	MARGATE, FL 33063	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRED MARCONI	
1.3 STREET ADDRESS	2904 NW 61st AVE	
1.4 CITY-ST-ZIP	MARGATE, FL 33063	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALLACE RAMOSKI	
2.3 STREET ADDRESS	2910 NW 65th TERR	
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STANLEY SNYDER	
3.3 STREET ADDRESS	6416 NW 28th ST	
3.4 CITY-ST-ZIP	MARGATE, FL 33063	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAMUEL FINE	
4.3 STREET ADDRESS	2904 NW 64th AVE	
4.4 CITY-ST-ZIP	MARGATE, FL 33063	
5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VICTOR KIECHLE	
5.3 STREET ADDRESS	6332 NW 29th CT	
5.4 CITY-ST-ZIP	MARGATE, FL 33063	
6.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NORMAN SEGERMEISTER	
6.3 STREET ADDRESS	6417 BRANDYWINE DR S	
6.4 CITY-ST-ZIP	MARGATE, FL 33063	

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: *Fred Marconi* DATE Daytime Phone #

CP2E037 (10/97)