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**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90005 016 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 728740**

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

314822 - 90005 - 16



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SYNDER, STANLEY  
 6416 NW 28TH STREET  
 MARGATE, FL 33063

10. Name and Address of New Registered Agent

81 Name  
 FRED MARCONI  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2904 N.W. 61st Avenue  
 83  
 84 City  
 MARGATE FL 85 Zip Code  
 33063

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 *Fred Marconi*  
Signature typed or printed name of registered agent and title if applicable.

*President*  
(NOTE: Registered Agent signature required when reinstating)

4/15/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARCONI, FRED	
STREET ADDRESS	2904 NW 61ST AVE.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RAMOSKI, WALLACE	
STREET ADDRESS	2910 NW 65TH TERR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SYNDER, STANLEY	
STREET ADDRESS	6416 NW 28TH ST.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FINE, SAMUEL	
STREET ADDRESS	2904 NW 64TH AVE.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KIECHLE, VICTOR	
STREET ADDRESS	6332 NW 29TH CT.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SEGERMEISTER, NORMAN	
STREET ADDRESS	6417 BRANDYWINE DR. S.	
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	MARCONI, FRED	
1.3 STREET ADDRESS	2904 N.W. 61st Avenue	
1.4 CITY-ST-ZIP	MARGATE, FL 33063	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WASHBURN, ROBERT	
2.3 STREET ADDRESS	6702 N.W. 29th St.	
2.4 CITY-ST-ZIP	MARGATE, FL 33063	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARGUILO, FRANK	
3.3 STREET ADDRESS	6802 N.W. 29th St.	
3.4 CITY-ST-ZIP	MARGATE, FL 33063	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DESROCHES, JACQUELINE	
4.3 STREET ADDRESS	6714 N.W. 29th Place	
4.4 CITY-ST-ZIP	MARGATE, FL 33063	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FINE, SAMUEL	
5.3 STREET ADDRESS	2904 N.W. 64th Ave.	
5.4 CITY-ST-ZIP	MARGATE, FL 33063	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CAPPELLI, ANNE	
6.3 STREET ADDRESS	2914 N.W. 65th Terrace	
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, with all other like empowered.

SIGNATURE:

SIGNATURE *Fred Marconi*

4/15/99

954 9150385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)