

3-5-97 B-2671 C
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 Mar 05 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 760346 (7)
 1. Corporation Name
 COLDWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

% VICTOR COMPERCHIO
 316 COLDWAY DR., 320 E 36
 PUNTA GORDA FL 33950
 US

% VICTOR COMPERCHIO
 316 COLDWAY DR., 320 E 36
 PUNTA GORDA FL 33950-5266
 US

3. Date Incorporated or Qualified 10/08/1981
 3a. Date of Last Report 04/05/1996

4. FEI Number 58-1460033
 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

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

22 E 36 (ABOVE) 27 E-36 (ABOVE)

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

GEORGE, PETER
 411-413 N. FEDERAL HIGHWAY
 HALLANDALE FL 33009

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMPERCHIO, VICTOR P.	1.2 NAME	(SAME)
STREET ADDRESS	316 COLDWAY DR #E36	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	33950
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARVEY, TERRENCE	2.2 NAME	(SAME)
STREET ADDRESS	316 COLDWAY DR #E40	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	33950
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLINSON, WILLIAM	3.2 NAME	(SAME)
STREET ADDRESS	35 SHERRI LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN RI 02842	3.4 CITY-ST-ZIP	02842
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JERRE	4.2 NAME	(SAME)
STREET ADDRESS	PO BOX 103 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	GILMANTON NH 03237	4.4 CITY-ST-ZIP	03237
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORGSTROM, CHARLES O.	5.2 NAME	(SAME)
STREET ADDRESS	316 COLDWAY DR #25	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	5.4 CITY-ST-ZIP	33950
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: VICTOR P. COMPERCHIO 2-2897 (941) 637-6228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047667

CFR2E037 (9/96)