

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761102 (3)
 1. Corporation Name

COLONIAL POINT ASSOCIATION, INC.



Principal Place of Business: **5201 ATLANTIC BLVD. JACKSONVILLE FL 32207**
 Mailing Address: **5201 ATLANTIC BLVD. JACKSONVILLE FL 32207**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1981	3a. Date of Last Report 06/29/1995
21	22	23	24	4. FEI Number 59-1920840	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROYAL, BERT V. 5201 ATLANTIC BLVD. JACKSONVILLE FL 32207				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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	PD	1.1 TITLE	
NAME	ROYAL, BERT V.	1.2 NAME	
STREET ADDRESS	3616 MAGNOLIA PT BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRNGS, F	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	SONNTAG, ANDREAS F.	2.2 NAME	
STREET ADDRESS	5201 ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ZIMMERMAN, HERBERT	3.2 NAME	
STREET ADDRESS	5201 ATLANTIC BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MEIER, HANS	4.2 NAME	
STREET ADDRESS	5201 ATLANTIC BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	PATTERSON, DOUG
STREET ADDRESS		5.3 STREET ADDRESS	5201 Atlantic Blvd Unit 265
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, fl 32207
TITLE		6.1 TITLE	400001922644
NAME		6.2 NAME	-08/15/96--01005--013
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Bert V. Royal 7/1/96 904-284-4653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)