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**Feb 18 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 # 763222 (7)

1. Corporation Name

**COLONY DON PEDRO PROPERTY OWNERS' ASSOCIATION, I
NC.**



Principal Place of Business

Mailing Address

**900 E. PINE STREET STE. 126
ENGLEWOOD FL 34223**

**900 E. PINE STREET STE. 126
ENGLEWOOD FL 34223-4437**

3. Date Incorporated or Qualified
05/11/1982

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2377071

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

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

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOWNSEND, JAMES D.
900 E. PINE STREET STE. 126
ENGLEWOOD FL 34223**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **JENSEN, GERALD**
STREET ADDRESS **5001 LBJ FWY, STE 840**
CITY - ST - ZIP **DALLAS TX**

1.1 TITLE **President** Change Addition
1.2 NAME **Ronald Mixer**
1.3 STREET ADDRESS **1000 Grizzly Ct.**
1.4 CITY - ST - ZIP **Apoka, FL 32712**

TITLE **VD** DELETE
NAME **LESLIE, RICHARD**
STREET ADDRESS **PO BOX 5200 NA**
CITY - ST - ZIP **GROVE CITY FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **TD** DELETE
NAME **BAILEY, ELWOOD**
STREET ADDRESS **P O BOX 5059, N/A**
CITY - ST - ZIP **GROVE CITY FL**

3.1 TITLE **Treasurer** Change Addition
3.2 NAME **James Harrison**
3.3 STREET ADDRESS **386 Firethorn Ave.**
3.4 CITY - ST - ZIP **Englewood, FL 34223**

TITLE **SD** DELETE
NAME **BATTERTON, MARY L**
STREET ADDRESS **1000 GRIZZLY CT**
CITY - ST - ZIP **APOPKA FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Ronald Mixer* 2-10-97 941-475-7937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0082447

CR2E037 (9/96)