
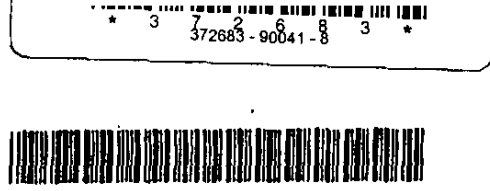


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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90147 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 763222 1. Corporation Name COLONY DON PEDRO PROPERTY OWNERS' ASSOCIATION, I NC.		
Principal Place of Business 900 E. PINE STREET STE. 126 ENGLEWOOD FL 34223	Mailing Address 900 E. PINE STREET STE. 126 ENGLEWOOD FL 34223	



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/11/1982
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2377071
23. City & State	2c. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	2d. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent TOWNSEND, JAMES D. 900 E. PINE STREET STE. 126 ENGLEWOOD FL 34223	10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD LESLIE, RICHARD	1.2 NAME	Treasurer/Director
STREET ADDRESS	PO BOX 5200 NA	1.3 STREET ADDRESS	Richard Leslie
CITY-ST-ZIP	GROVE CITY FL	1.4 CITY-ST-ZIP	P.O. Box 5200
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD BATTERTON, MARY L	2.2 NAME	Director
STREET ADDRESS	1000 GRIZZLY CT	2.3 STREET ADDRESS	Mary Batterson
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	1000 Grizzly Ct.
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P MIXER, RONALD	3.2 NAME	Vice President/Director
STREET ADDRESS	1000 GRIZZLY CT	3.3 STREET ADDRESS	Dale Henry, 416 Dumont St.
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JAMES	4.2 NAME	President
STREET ADDRESS	386 FIRETHORN AVE	4.3 STREET ADDRESS	James Harrison
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	386 Firethorn Ave.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Secretary / Director
STREET ADDRESS		5.3 STREET ADDRESS	Kristen Marone
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1345 Evalyn Drive, SE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Winter Haven, FL
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James Harrison* **SIGNATURE REQUIRED** 2-3-99 944-475-7937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)