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Apr 22 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 # 765525 (1)
1. Corporation Name
COLONY KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O UNIQUE PROPERTY SERVICES, INC.
1411 N. WESTHORE BLVD. #310
TAMPA FL 33607 C/O UNIQUE PROPERTY SERVICES, INC.
1411 N. WESTHORE BLVD. #310
TAMPA FL 33607-4537

3. Date Incorporated or Qualified 10/25/1982 3a. Date of Last Report 07/03/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-0153910 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 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
UNIQUE PROPERTY SERVICES, INC.
C/O UNIQUE PROPERTY SERVICES, INC.
1411 N. WESTHORE BLVD. #310
TAMPA FL 33607
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 PD DELETED NAME GEIS, ROBERT 1.1 TITLE Change Addition
STREET ADDRESS 5113 JULES VERNE CT. 1.2 NAME
CITY-ST-ZIP TAMPA FL 33611 1.3 STREET ADDRESS
2.1 CITY-ST-ZIP
TITLE VPD DELETED NAME HUTCHINSON, DAVID 2.2 NAME
STREET ADDRESS 5112 BAYSHORE BLVD 2.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 33611 2.4 CITY-ST-ZIP
TITLE SD DELETED NAME BRYANT, CAMMIE 3.1 TITLE Change Addition
STREET ADDRESS 5114 JULES VERNE CT. 3.2 NAME
CITY-ST-ZIP TAMPA FL 33611 3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
TITLE TD DELETED NAME BROWN, JUDY 4.1 TITLE Change Addition
STREET ADDRESS 5103 JULES VERN 4.2 NAME
CITY-ST-ZIP TAMPA FL 33611 4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TITLE DELETED 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETED 6.1 TITLE Change 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: *Robert Geis* REQUIRED 2/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047551

CR2E037 (9/96)