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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765525 (1)

1. Corporation Name
COLONY KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O UNIQUE PROPERTY SERVICES, INC. 1411 N. WESTHORE BLVD. #310 TAMPA FL 33607	Mailing Address C/O UNIQUE PROPERTY SERVICES, INC. 1411 N. WESTHORE BLVD. #310 TAMPA FL 33607
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3. Date Incorporated or Qualified
10/25/1982

4. FEI Number 59-0153910	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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21. Principal Place of Business 115 S. DALE MABRY	22. Mailing Address 115 S. DALE MABRY
22. Suite, Apt. #, etc. SUITE 300	27. Suite, Apt. #, etc. SUITE 300
23. City & State TAMPA, FLORIDA	28. City & State TAMPA, FLORIDA
24. Zip 33609	25. Country U.S.
29. Zip 33609	30. Country U.S.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**UNIQUE PROPERTY SERVICES, INC.
C/O UNIQUE PROPERTY SERVICES, INC.
1411 N. WESTHORE BLVD. #310
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name UNIQUE PROPERTY SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 115 S. DALE MABRY
83 SUITE 300
84 City TAMPA
85 Zip Code FL 33609

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

TITLE PD	NAME GEIS, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5113 JULES VERNE CT.	CITY-ST-ZIP TAMPA FL 33611	
TITLE VPD	NAME HUTCHINSON, DAVID	<input type="checkbox"/> DELETE
STREET ADDRESS 5112 BAYSHORE BLVD	CITY-ST-ZIP TAMPA FL 33611	
TITLE SD	NAME BRYANT, CAMMIE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5114 JULES VERNE CT.	CITY-ST-ZIP TAMPA FL 33611	
TITLE TD	NAME BROWN, JUDY	<input type="checkbox"/> DELETE
STREET ADDRESS 5103 JULES VERN	CITY-ST-ZIP TAMPA FL 33611	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME Zachary, Margery	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS 5108 Bayshore Blvd	1.4 CITY-ST-ZIP Tampa FL 33611	
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE SD	3.2 NAME Brown, Judy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS 5103 Jules Vern	3.4 CITY-ST-ZIP Tpa FL 33611	
4.1 TITLE TD	4.2 NAME Schilcher, Monika	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS 5115 Jules Vern ct	4.4 CITY-ST-ZIP Tampa FL 33611	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	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)(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 _____ DATE **11-29-98** **813654-2455**

CR2E037 (10/97)