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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765525

1. Corporation Name
COLONY KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 115 S. DALE MABRY SUITE 300 TAMPA FL 33609 US	Mailing Address 115 S. DALE MABRY SUITE 300 TAMPA FL 33609 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/25/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0153910
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		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

UNIQUE PROPERTY SERVICES, INC.
 115 S. DALE MABRY
 SUITE 300
 TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZACHARY, MARGERY	
STREET ADDRESS	5108 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, DAVID	
STREET ADDRESS	5112 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, JUDY	
STREET ADDRESS	5103 JULES VERN	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, JUDY	
STREET ADDRESS	5103 JULES VERN	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHILCHER, MONIKA	
STREET ADDRESS	5115 JULES VERN CT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Karen Wilson</i>
5.3 STREET ADDRESS	<i>5114 Bayshore AVE</i>
5.4 CITY-ST-ZIP	<i>Tampa FL 33611</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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, with all other like empowered.

SIGNATURE *[Signature]* DATE *4-16-99*

CR2E037 (11/98)