

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01051 (4)

1. Corporation Name

CROWN COLONY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT, BROWARD OFFICE
1189 SAWGRASS CORPORATE PARKWAY
SUNRISE FLORIDA FL 33323
USC/O MIAMI MANAGEMENT, BROWARD OFFICE
1189 SAWGRASS CORPORATE PARKWAY
SUNRISE FLORIDA FL 33323-2847
US3. Date Incorporated or Qualified
01/23/19843a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDO ACCOUNTING INC.
9000 SHERIDAN STREET
SUITE 148
PEMBROKE PINES FL 33024

81 Name

Miami Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1189 Sawgrass Corporate Parkway
Sunrise, Florida 33323

83

84 City

Sunrise

FL

85

Zip Code

33323

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

Francine Price, Property manager, Miami Office 3/3/97

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

(NOTE: Registered Agent signature is required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD President	<input type="checkbox"/> DELETE
NAME	MCCOY, MARIANNE	
STREET ADDRESS	2881 S CAMBRIDGE LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VD Vice President	<input type="checkbox"/> DELETE
NAME	HAUGHN, RAYMOND	
STREET ADDRESS	2921 N. DORCHESTER LN.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONDONZI, FRANK	
STREET ADDRESS	2937 N. CAMBRIDGE LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HAUGHN, THERESA	
STREET ADDRESS	2921 N. DORCHESTER LN	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SAVINO, ADRIENNE	
STREET ADDRESS	2925 N BELMONT LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 NAME	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Adrienne Savino	
1.3 STREET ADDRESS	2925 N. Belmont Lane	
1.4 CITY-ST-ZIP	Cooper City, Florida 33026	
2.1 NAME	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ray Houghan	
2.3 STREET ADDRESS	2921 N. Dorchester Lane	
2.4 CITY-ST-ZIP	Cooper City, Florida 33026	
3.1 NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marianne McCoy	
3.3 STREET ADDRESS	2944 N. Cambridge Lane	
3.4 CITY-ST-ZIP	Cooper City, Florida 33026	
4.1 NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phil Llanas	
4.3 STREET ADDRESS	2901 N. Belmont Lane	
4.4 CITY-ST-ZIP	Cooper City, Florida 33026	
5.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Raymond Houghan, Raymond Haughn

Date

Daytime Phone # 0037005

CR2E037 (9/96)