

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # **N01051** (4)
1. Corporation Name
CROWN COLONY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O MIAMI MANAGEMENT, BROWARD OFFICE 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FLORIDA FL 33323 US	Mailing Address C/O MIAMI MANAGEMENT, BROWARD OFFICE 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FLORIDA FL 33323 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/23/1984	4. FEI Number 59-2519005	Applied For <input type="checkbox"/> Not Applicable
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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MIAMI MANAGEMENT INC 1189 SAWGRASS CORPORATE PKWY SUNRISE FL 33323	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
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SAVINO, ADRIENNE 2925 N BELMONT LN COOPER CITY FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN P. YURGALITIS JR.
NAME		1.2 NAME	2913 DORCHESTER LANE
STREET ADDRESS		1.3 STREET ADDRESS	COOPER CITY, FL 33026 SD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD HOUGHAN, RAY 2921 N DORCHESTER LN COOPER CITY FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL TOUHEY
NAME		2.2 NAME	2905 N. EDGEHILL LA.
STREET ADDRESS		2.3 STREET ADDRESS	COOPER CITY FL 33026 PD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MCCOY, MARIANNE 2944 N CAMBRIDGE LN COOPER CITY FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCCOY, Marianne
NAME		3.2 NAME	2944 N. Cambridge Ln
STREET ADDRESS		3.3 STREET ADDRESS	Cooper City, FL 33026 TD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LLANAS, PHIL 2901 N BELMONT LN COOPER CITY FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	STD SAVINO, ADRIENNE 2925 N BELMONT LANE COOPER CITY FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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)(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: *Marianne McCoy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-98

CP2E037 (10/97)