

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 24 PM 2: 23

DOCUMENT # **N03094** (2)

1. Corporation Name  
**COLONY OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business: C/O UNIQUE PROPERTY SERVICES, INC.  
4214 W KENNEDY BLVD  
TAMPA FL 33609

Mailing Address: C/O UNIQUE PROPERTY SERVICES, INC.  
4214 W KENNEDY BLVD  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1984**  
3a. Date of Last Report: **03/23/1994**  
4. FEI Number: **59-2491234**  
Applied For:  Not Applicable:

2. Principal Place of Business: **21 1411 N. Westshore Blvd.**  
Suite, Apt. #, etc.: **22 Suite 310**  
City & State: **23 Tampa, Florida**  
Zip: **24 33607** Country: **25 Hillsborough**

2a. Mailing Address: **26 1411 N. Westshore Blvd.**  
Suite, Apt. #, etc.: **27 Suite 310**  
City & State: **28 Tampa, Florida**  
Zip: **29 33607** Country: **30 Hillsborough**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**UNIQUE PROPERTY SERVICES, INC.**  
~~4214 W KENNEDY BLVD~~ **1411 N. Westshore Blvd.**  
~~TAMPA FL 33609~~ **Suite 310**  
**Tampa, Fl 33607**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.  
SIGNATURE: *[Signature]* **Stacy Y. Elliott** **C.A.M.** **3/14/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>JONES, CLARENCE</b>
NAME	<b>5220 RUSSELL ST., #40</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY - ST - ZIP	
TITLE	<b>SMALLEY, WILLIAM</b>
NAME	<b>5220 RUSSEL ST., #33</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY - ST - ZIP	
TITLE	<b>MILLER, DIXIE</b>
NAME	<b>5222 RUSSELL ST., #25</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY - ST - ZIP	
TITLE	<b>D</b>
NAME	<b>BATTISTA, MADELYN M.</b>
STREET ADDRESS	<b>5220 RUSSELL ST., #38</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>SD</b>
NAME	<b>BARR, MARY L.</b>
STREET ADDRESS	<b>5222 RUSSELL ST., #10</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>T D</b>
NAME	<b>STINSON, JAMES</b>
STREET ADDRESS	<b>5220 RUSSELL ST., #37</b>
CITY - ST - ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>D</b>	<input checked="" 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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]* **WILLIAM T. SMALLEY** **3/20/95** **813835-6946**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in 14 characters)