


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McManam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03094 (2)
1. Corporation Name
COLONY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1411 N. WESTSHORE BLVD. SUITE 310 TAMPA FL 33607 US	Mailing Address 1411 N WESTSHORE BLVD. SUITE 310 TAMPA FL 33607 US
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3. Date Incorporated or Qualified 05/15/1984
4. FEI Number 59-2491234
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 115 30 Dale Mabey Suite #300	Suite, Apt. #, etc. 27 115 30 Dale Mabey Suite #300
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip 24 33609	Country 25 U.S.
Zip 29 33609	Country 30 U.S.

5. Certificate of Status Desired <input checked="" 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 UNIQUE PROPERTY SERVICES, INC. 1411 N WESTSHORE BLVD 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) 115 30 Dale Mabey Suite #300 83 84 City Tampa FL 85 Zip Code 33609
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	JONES, CLARENCE <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	Donald Haebling <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5220 RUSSELL ST., #40	1.2 NAME	5203 Bayshore Blvd. #10
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	Tampa FL 33611
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	MILLER, DIXIE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D SUSANNE CLECKLER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5222 RUSSELL ST., #25	2.2 NAME	5222 #23 RUSSELL ST.
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	TAMPA, FL. 33611
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	JONES, KENNETH GAYLON <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D Lynde MAY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5702 17 BAYSHORE BLVD	3.2 NAME	5222 #27 RUSSELL ST.
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	TAMPA, FL. 33611
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	BARR, MARY L <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	5222 RUSSELL ST., #10	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE TD	STINSON, JAMES <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD ANTHONY HAMILTON <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5220 RUSSELL ST., #37	5.2 NAME	5220 #32 RUSSELL ST.
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	TAMPA, FL. 33611
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	MARY JIM SCOTT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	5203 #13 BAYSHORE BLVD.
STREET ADDRESS		6.3 STREET ADDRESS	TAMPA, FL. 33611
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: *[Signature]* **RD H. HARDING** President 4/30/98

CR2E037 (10/97)