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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03094

1. Corporation Name

COLONY OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

115 S DALE MABRY
 STE 300
 TAMPA FL 33609
 US

Mailing Address

115 S DALE MABRY
 STE 300
 TAMPA FL 33609
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/15/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2491234

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 DELETE
 NAME HARDING, D
 STREET ADDRESS 5203 BAYSHORE BLVD, 10
 CITY-ST-ZIP TAMPA FL 33611

1.1 TITLE PD Change Addition
 1.2 NAME Rita Zymanski
 1.3 STREET ADDRESS 5020 Russell #304
 1.4 CITY-ST-ZIP Tampa FL 33601

TITLE D DELETE
 NAME CLECKLER, S
 STREET ADDRESS 5222, 23 RUSSELL ST
 CITY-ST-ZIP TAMPA FL 33611

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME MAY L
 STREET ADDRESS 5222 27 RUSSELL ST
 CITY-ST-ZIP TAMPA FL 33611

3.1 TITLE VPD Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME BARR, MARY L
 STREET ADDRESS 5222 RUSSELL ST., #10
 CITY-ST-ZIP TAMPA FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME HAMILTON, A
 STREET ADDRESS 5220 32 RUSSELL ST
 CITY-ST-ZIP TAMPA FL 33611

5.1 TITLE TD Change Addition
 5.2 NAME Clarence Jones
 5.3 STREET ADDRESS 5200 Russell St #40
 5.4 CITY-ST-ZIP Tampa FL 33611

TITLE VPD DELETE
 NAME SCOTT, M J
 STREET ADDRESS 5203 13 BAYSHORE BLVD
 CITY-ST-ZIP TAMPA FL 33611

6.1 TITLE Change Addition
 6.2 NAME D Randy Cain
 6.3 STREET ADDRESS 5002 #25 Russell
 6.4 CITY-ST-ZIP Tampa FL 33601

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 REQUIRED

[Handwritten Signature]

4/27/99 813-837-2826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)