


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N19106

1. Corporation Name

Colonnades Property Owners Association

Principal Place of Business
 4800 Colonnades Club Blvd.
 Lakeland, FL 33811

Mailing Address
 same

3. Date Incorporated or Qualified
 2/5/87

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4800 Colonnades Club Blvd

26

4. FEI Number
 59-2769860

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

Yes No

23 City & State
 Lakeland, FL

27 City & State

24 Zip
 33811

25 Country
 Polk

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Clell Osborn
 4610 Squire Hollow Drive
 Lakeland, FL 33811

81 Name
 Betty Vaught
 82 Street Address (P.O. Box Number is Not Acceptable)
 4800 Colonnades Club Blvd.

84 City
 Lakeland FL 85 Zip Code
 33811

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 *Betty Vaught* President P.O.D. Betty Vaught

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
 NAME Clell Osborn
 STREET ADDRESS 4610 Squire Hollow Drive
 CITY-ST-ZIP Lakeland, FL 33811

11 TITLE P
 12 NAME Betty Vaught
 13 STREET ADDRESS 4800 Colonnades Club Blvd.
 14 CITY-ST-ZIP Lakeland, FL 33811

TITLE SD
 NAME Betty Vaught
 STREET ADDRESS 4800 Colonnades Club Blvd.
 CITY-ST-ZIP Lakeland, FL 33811

21 TITLE VP
 22 NAME Ken Graham
 23 STREET ADDRESS 4861 Squire Hollow Trail
 24 CITY-ST-ZIP Lakeland, FL 33811

TITLE T
 NAME Allie Walcheck
 STREET ADDRESS 4938 Pleasant Hollow Trail
 CITY-ST-ZIP Lakeland, FL 33811

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

TITLE D
 NAME Jim Wolfe
 STREET ADDRESS 4991 Pleasant Hollow Trail
 CITY-ST-ZIP Lakeland, FL 33811

41 TITLE SD
 42 NAME Bea Ollo
 43 STREET ADDRESS 1666 Birchwood Loop
 44 CITY-ST-ZIP Lakeland, FL 33811

TITLE D
 NAME Barbara Boyette
 STREET ADDRESS 4789 Squire Hollow Drive
 CITY-ST-ZIP Lakeland, FL 33811

51 TITLE
 52 NAME 900001788369
 53 STREET ADDRESS -04/22/96--01028--007
 54 CITY-ST-ZIP ***61.25

TITLE V
 NAME Ray Potter
 STREET ADDRESS 4923 Dawnview Lane
 CITY-ST-ZIP Lakeland, FL

61 TITLE D
 62 NAME Gus Ruesch
 63 STREET ADDRESS 1902 Birchwood Loop
 64 CITY-ST-ZIP Lakeland, FL 33811

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 119.07(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: *Allie Walcheck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLIE WALCHECK

4/9/96 (941) 646-1872

Date Daytime Phone

CR2E037 (12/95)

4-20-96