


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N19106** (6)
1. Corporation Name
COLONNADES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 4800 COLONNADES CLUB BOULEVARD LAKELAND FL 33811	Mailing Address 4800 COLONNADES CLUB BOULEVARD LAKELAND FL 33811
--	--

3. Date Incorporated or Qualified
02/05/1987

4. FEI Number 59-2769860	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
---	--

22 City & State	27 City & State
------------------------	------------------------

23 Zip	28 Country	29 Zip	30 Country
---------------	-------------------	---------------	-------------------

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CLELL J. OSBORN
4800 COLONNADES CLUB BOULEVARD
LAKELAND FL 33811**

10. Name and Address of New Registered Agent

81 Name Gus Ruesch
82 Street Address (P.O. Box Number is Not Acceptable) 4800 Colonnades Club Boulevard
83
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 Gus Ruesch, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/98

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME OSBORN, CLELL J	
STREET ADDRESS 4800 COLONNADES CLUB BLVD	
CITY-ST-ZIP LAKELAND FL	

TITLE VP	<input type="checkbox"/> DELETE
NAME HAGMAYER, HERMAN	
STREET ADDRESS 1910 BIRCHWOOD LOOP	
CITY-ST-ZIP LAKELAND FL	

TITLE T	<input checked="" type="checkbox"/> DELETE
NAME KRATER, HARRY A	
STREET ADDRESS 1810 BIRCHWOOD LOOP	
CITY-ST-ZIP LAKELAND FL	

TITLE SD	<input type="checkbox"/> DELETE
NAME ALLEN, EDNA	
STREET ADDRESS 1647 COLONNADES CIRCLE N.	
CITY-ST-ZIP LAKELAND FL	

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WOLFE, JIM	
STREET ADDRESS 4991 PLEASEANT HOLLOW TRAIL	
CITY-ST-ZIP LAKELAND FL	

TITLE D	<input type="checkbox"/> DELETE
NAME RUESCH, GUS	
STREET ADDRESS 1902 BIRCHWOOD LOOP	
CITY-ST-ZIP LAKELAND FL 33811	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Ruesch, Gus	
1.3 STREET ADDRESS 4800 Colonnades Club Blvd.	
1.4 CITY-ST-ZIP Lakeland, FL 33811	

2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Blazovich, Barbara	
2.3 STREET ADDRESS 4801 Squire Hollow Drive	
2.4 CITY-ST-ZIP Lakeland, FL 33811	

3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Howard, Ellie	
3.3 STREET ADDRESS 4907 Dawnview Lane	
3.4 CITY-ST-ZIP Lakeland, FL 33811	

4.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Allen, Edna	
4.3 STREET ADDRESS 1647 Colonnades Circle North	
4.4 CITY-ST-ZIP Lakeland, FL 33811	

5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Hagmayer, Herman	
5.3 STREET ADDRESS 1910 Birchwood Loop	
5.4 CITY-ST-ZIP Lakeland, FL 33811	

6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Wolfe, Joyce	
6.3 STREET ADDRESS 4991 Pleasant Hollow Trail	
6.4 CITY-ST-ZIP Lakeland, FL 33811	

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: Gus Ruesch, President Gus Ruesch 1/29/98 (941) 646-1878

CR2E037 (10/97)