

**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 # **N28006**

(7)

1. Corporation Name  
**COLONY SOUTH, INC.**



Principal Place of Business Mailing Address  
**C/O PREFERRED MANAGEMENT, INC.**  
1730 ALT 19S. STE. #E  
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **04/10/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 **4800 Mile Stretch** 27 **4800 Mile Stretch**  
City & State City & State  
23 **Holiday FL** 28 **Holiday, FL**  
Zip Country Zip Country  
24 **34690** 25 **Pasco** 29 **34690** 30 **Pasco**

4. FEI Number **59-2908080** 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

9. Name and Address of Current Registered Agent  
**PREFERRED MANAGEMENT**  
1730 ALT 19 SO., STE. E  
TARPON SPRGS. FL 34689

10. Name and Address of New Registered Agent  
81 Name **Frederick Reimer**  
82 Street Address (P.O. Box Number is Not Acceptable) **4800 Mile Stretch**  
83  
84 City **Holiday** 85 Zip Code **FL 34690**

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 *Frederick Reimer* DATE **4/22/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGFRIED, JEAN</b>	1.2 NAME	
STREET ADDRESS	<b>104 COLONY SOUTH DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TARPON SPRINGS FL 34689</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHN, ELMER</b>	2.2 NAME	
STREET ADDRESS	<b>810 ANCHORS WAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TARPON SPRINGS FL 34689</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALVE, GERALD</b>	3.2 NAME	
STREET ADDRESS	<b>112 COLONY SOUTH DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TARPON SPRINGS FL 34689</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT, PHYLLIS</b>	4.2 NAME	<b>D</b>
STREET ADDRESS	<b>108 COLONY SOUTH DR</b>	4.3 STREET ADDRESS	<b>Charles Moser</b>
CITY - ST - ZIP	<b>TARPON SPRINGS FL 34689</b>	4.4 CITY - ST - ZIP	<b>124 Colony South Dr.</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTASH, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>105 COLONY SOUTH DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TARPON SPRINGS FL 34689</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Gerald Calve* DATE: **4/17/96** DAYTIME PHONE #: **813-937-4498**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)