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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28006

(4)

1. Corporation Name

Colony South HOA
Majestic Property Management
4800 Mile Stretch
Holiday FL 34690

Mailing Address

4800 MILE STRETCH DRIVE
HOLIDAY FL 34690

P.O. BOX 3370
HOLIDAY FL 34690-0370

3. Date Incorporated or Qualified
08/01/88

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

REIMER, FREDERICK
MAJESTIC PROPERTY MANAGEMENT, INC.
4800 MILE STRETCH DRIVE
HOLIDAY FL 34690

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 not applicable)

NOTE: Registered Agent's signature required when reinstating.

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If 12)

TITLE PD
NAME Betty Hadden
STREET ADDRESS 118 Colony South Drive
CITY, ST, ZIP Tarpon Springs FL 34689

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE VD
NAME Della Brown
STREET ADDRESS 107 Colony South Drive
CITY, ST, ZIP Tarpon Springs FL 34689

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE SD
NAME Jeanne Siegfried
STREET ADDRESS 104 Colony South Drive
CITY, ST, ZIP Tarpon Springs FL 34689

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE TD
NAME Charles Moser
STREET ADDRESS 124 Colony South Drive
CITY, ST, ZIP Tarpon Springs FL 34689

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE D
NAME Ed Potash
STREET ADDRESS 106 Colony South Drive
CITY, ST, ZIP Tarpon Springs FL 34689

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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14. I do 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: Betty Hadden (Elizabeth Hadden)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0069098