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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28006 (7)

1. Corporation Name
COLONY SOUTH, INC.

Principal Place of Business 4800 MILE STRETCH 1730 ALT 19S. STE. #E HOLIDAY FL 34690 US	Mailing Address PO BOX 3370 HOLIDAY FL 34690-0370 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 08/01/1988	Applied For 59-2908080	Not Applicable
4. FEI Number 59-2908080		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**REIMER, FREDERICK
4800 MILE STRETCH
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGFRIED, JEAN	1.2 NAME	Betty Hadden
STREET ADDRESS	104 COLONY SOUTH DR	1.3 STREET ADDRESS	118 Colony South Drive
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDEN, BETTY	2.2 NAME	Della Brown
STREET ADDRESS	118 COLONY S. DRIVE	2.3 STREET ADDRESS	107 Colony South Drive
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DELLA	3.2 NAME	Jeanne Siegfried
STREET ADDRESS	107 COLONY SOUTH DRIVE	3.3 STREET ADDRESS	104 Colony South Drive
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGFRIED, JEANNE	4.2 NAME	Charles Moser
STREET ADDRESS	124 COLONY SOUTH DRIVE	4.3 STREET ADDRESS	124 Colony South Drive
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, CHARLES	5.2 NAME	Ed Potash
STREET ADDRESS	124 COLONY SOUTH DRIVE	5.3 STREET ADDRESS	105 Colony South Drive
CITY-ST-ZIP	TARPON SPRINGS FL 34689	5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Gerry Calve - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTASH, ED	6.2 NAME	
STREET ADDRESS	106 COLONY SOUTH DRIVE	6.3 STREET ADDRESS	112 Colony South Drive
CITY-ST-ZIP	TARPON SPRINGS FL 34689	6.4 CITY-ST-ZIP	Tarpon Springs, FL 34689

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: *Betty Hadden 4-23-98*

CR2E037 (1097)