FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90015 006 ****61.25

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DOCUMENT # N28006

1. Corporation Name
COLONY SOUTH, INC.

Principal Place of Business	Mailing Address
4800 MILE STRETCH 1730 ALT 19S. STE. #E HOLIDAY FL. 34690 US	PO BOX 3370 HOLIDAY FL 34690-0370 US

2. Principa Place of Business 21 125 COLONY SOUTH DR. Suite, Apt. #, etc. 22 City & State 23 TARPON SPRINGS, FL. Zip / Country 24 34689 25 PINELLAS	2a. Mailing Address 26 125 COLONY SOUTH DR. Suite, Apt. #, etc. 27 City & State 28 TARPON SPRINGS, FL. Zip / Country 29 34652 30 PINELLAS

3. Date Incorporated or Qualifed: 08/01/1988

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

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 _____ DATE
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	S	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SIEGFRIED, JEAN		1.2 NAME	ELIZABETH MOSER	
STREET ADDRESS	104 COLONY SOUTH DR		1.3 STREET ADDRESS	124 COLONY SOUTH DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	P	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	HADDEN, BETTY		2.2 NAME	ADELLA 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	☒ DELETE	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	BROWN, DELLA		3.2 NAME	GERALD CALVE	
STREET ADDRESS	107 COLONY SOUTH DRIVE		3.3 STREET ADDRESS	112 COLONY SOUTH DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	S	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	SIEGFRIED, JEANNE		4.2 NAME	DORIS LAVER	
STREET ADDRESS	124 COLONY SOUTH DRIVE		4.3 STREET ADDRESS	108 COLONY SOUTH DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	T	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	MOSER, CHARLES		5.2 NAME	KATHERINE DOOGE	
STREET ADDRESS	124 COLONY SOUTH DRIVE		5.3 STREET ADDRESS	116 COLONY SOUTH DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	POTASH, ED		6.2 NAME	SHERRY ORR	
STREET ADDRESS	106 COLONY SOUTH DRIVE		6.3 STREET ADDRESS	109 COLONY SOUTH	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		6.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689	

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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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Elizabeth Moser 4-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #