SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:16

DOCUMENT # **N34845** **(0)**

1. Corporation Name
COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3348 EDGEWATER DRIVE ORLANDO FL 32804	3348 EDGEWATER DRIVE ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1989
3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-3140946 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1523 Brookebridge Drive	26 Post Office Box 180476
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando, Florida	28 Casselberry, FL
24 Zip 32825 / 25 Country U.S.A.	29 Zip 32718-0476 / 30 Country U.S.A.

9. Name and Address of Current Registered Agent

MEERS, RON G
3348 EDGEWATER DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Sandra M. Huff
82 Street Address (P.O. Box Number is Not Acceptable): 1228 Bridlebrook Dr.
83
84 City: Casselberry FL 85 Zip Code: 32707

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: Sandra M Huff 6/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MEERS, RON G	12 NAME	Willy Aviles	
STREET ADDRESS	3348 EDGEWATER DRIVE	13 STREET ADDRESS	1523 Brookebridge Drive	
CITY-ST-ZIP	ORLANDO FL 32804	14 CITY-ST-ZIP	Orlando, Florida 32825	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MEERS, KAREN	22 NAME	Elisa Moriera	
STREET ADDRESS	3348 EDGEWATER DRIVE	23 STREET ADDRESS	1229 Brookebridge Drive	
CITY-ST-ZIP	ORLANDO FL 32804	24 CITY-ST-ZIP	Orlando, FL 32825	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	Carlos Casanova	
STREET ADDRESS		33 STREET ADDRESS	9438 Dearmont Ave.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32825	
TITLE		41 TITLE	T/S/D	☐ Change ☒ Addition
NAME		42 NAME	Scherill Newsome	
STREET ADDRESS		43 STREET ADDRESS	1408 Brookebridge Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando, FL 32825	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Robert Purvis	
STREET ADDRESS		53 STREET ADDRESS	1401 Brookebridge Dr.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Orlando, FL 32825	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: Willy Aviles Willy Aviles 6/16/95 (407) 384-7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004826