

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 # N34845 (0)
1. Corporation Name
COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**1523 BROOKEBRIDGE DRIVE
ORLANDO FL 32825
US**

Mailing Address
**P.O. BOX 180476
CASSELBERRY FL 32718-0476
US**

3. Date Incorporated or Qualified
10/23/1989

3a. Date of Last Report
06/22/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 1228 Bridlebrook Dr.

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Casselberry, FL

City & State
28

Zip
24 32707

Country
25 US

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**SANDRA M. HUFF
1228 BRIDLEBROOK DRIVE
CASSELBERRY FL 32707**

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
AVILES, WILLY
1523 BROOKEBRIDGE DRIVE
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
MORIERA, ELISA
1229 BROOKEBRIDGE DRIVE
ORLANDO FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CASANOVA, CARLOS
9438 DEARMONT AVE
ORLANDO FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TSD
SCHERILL, NEWSOME
1408 BROOKEBRIDGE DRIVE
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PURVIS, ROBERT
1401 BROOKEBRIDGE DR
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

D

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

**DV
Purvis, Robert
1401 Brookebridge Dr.
Orlando, FL 32825**

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 407-695-0067

Date Daytime Phone #

CR2E037 (12/95)