


FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34845** (0)
1. Corporation Name
COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 1228 BRIDLEBROOK DR. CASSELBERRY FL 32707 US	Mailing Address P.O. BOX 180476 CASSELBERRY FL 32718-0476 US
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3. Date Incorporated or Qualified 10/23/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3140946	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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	PD
NAME	AVILES, WILLY
STREET ADDRESS	1523 BROOKEBRIDGE DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	MORIERA, ELISA
STREET ADDRESS	1229 BROOKEBRIDGE DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	DV
NAME	PURVIS, ROBERT
STREET ADDRESS	1401 BROOKEBRIDGE DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	TSD
NAME	SCHERRILL, NEWSOME
STREET ADDRESS	1408 BROOKEBRIDGE DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	PURVIS, ROBERT
STREET ADDRESS	1401 BROOKEBRIDGE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	HERNANDEZ, AMY
2.4 CITY-ST-ZIP	1531 BROOKEBRIDGE DRIVE
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	MELENDEZ, HECTOR
4.4 CITY-ST-ZIP	9458 DEARMONT AVENUE
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Willy Aviles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013306

CR2E037 (9/96)