

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 # N36512 (4)

1. Corporation Name
THE COLONADE AT PARK SHORE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O STEPHEN V. ROBISON 265 AIRPORT ROAD S. NAPLES FL 33962
C/O STEPHEN V. ROBISON 265 AIRPORT ROAD S. NAPLES FL 33962

3. Date Incorporated or Qualified **02/02/1990** 3a. Date of Last Report **04/27/1995**
4. FEI Number **65-0145125** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**R & P MANAGEMENT ASSOC
265 AIRPORT RD SOUTH
NAPLES FL 33942**

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 _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBISON, STEPHEN V. | 1.2 NAME | |
| STREET ADDRESS | 550 PARK SHORE DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, JOHN E. | 2.2 NAME | ALFRED GRAVES |
| STREET ADDRESS | 550 PARK SHORE DR | 2.3 STREET ADDRESS | COLONADE CIRCLE |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | NAPLES, FL 33940 |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARSCH, EDWARD A | 3.2 NAME | |
| STREET ADDRESS | 151 COLONADE CIR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | EDMER HARMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | COLONADE CIRCLE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | NAPLES, FL 33940 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | TB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | PAUL LAWRENCE |
| STREET ADDRESS | | 5.3 STREET ADDRESS | COLONADE CIRCLE |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | NAPLES, FL 33940 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | ANTON SCHLOTSMANN |
| STREET ADDRESS | | 6.3 STREET ADDRESS | COLONADE CIRCLE |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | NAPLES, FL 33940 |

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: Paul Lawrence DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)