

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$128 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 8:51

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # N37841 (6)  
 1. Corporation Name  
**COLONIAL VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 20 ALHAMBRA CIRCLE CORAL GABLES FL 33134  
 33 ALHAMBRA CIR. APT 6 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/25/1990</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>65-0199208</b>	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**ALPER, CAROL MS.  
 20 ALHAMBRA CIRCLE  
 APARTMENT #10  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 81 Name  
**Mr. Jeff Ronci**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**20 Alhambra Circle**  
 83 Apartment #1  
 84 City  
**Coral Gables** 85 Zip Code  
**FL 33134**

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: Jeff Ronci DATE: 6-20-95  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	ALPER, CAROL MS.
STREET ADDRESS	20 ALHAMBRA CIRCLE #10
CITY - ST - ZIP	CORAL GABLES FL
TITLE	SD
NAME	SHOREIBAH, AHMED DR.
STREET ADDRESS	20 ALHAMBRA CIRCLE #6
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VTD
NAME	CRUCET, ANA
STREET ADDRESS	20 ALHAMBRA CIRCLE #13
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronci, Jeff Mr.
1.3 STREET ADDRESS	20 Alhambra Circle #1
1.4 CITY - ST - ZIP	Coral Gables, FL 33134
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sandy Payne Ms.
2.3 STREET ADDRESS	20 Alhambra Circle #11
2.4 CITY - ST - ZIP	Coral Gables, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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: Jeff Ronci **Jeff Ronci** June 20, 1995 (305) 995-1165  
(Signature, typed or printed name of signing officer or director)

CR2E067 (3/95)