

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N37841 (6)**

1. Corporation Name
COLONIAL VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**20 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

Mailing Address
**33 ALHAMBRA CIR. APT 6
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
04/25/1990

3a. Date of Last Report
07/07/1995

4. FEI Number
65-0199208

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
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
30

9. Name and Address of Current Registered Agent
**RONCI, JEFF
20 ALHAMBRA CIRCLE
APT #1
CORAL GABLES FL 33134**

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 _____
Signature, typed or printed name of registered agent and title of agent, etc. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD RONCI, JEFF**

STREET ADDRESS **20 ALHAMBRA CIRCLE #1**

CITY - ST - ZIP **CORAL GABLES FL**

TITLE DELETE

NAME ~~SD PAYNE, SANDY~~

STREET ADDRESS ~~20 ALHAMBRA CIRCLE #11~~

CITY - ST - ZIP ~~CORAL GABLES FL~~

TITLE DELETE

NAME **VTD CRUCET, ANA**

STREET ADDRESS **20 ALHAMBRA CIRCLE #13**

CITY - ST - ZIP **CORAL GABLES FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME **SD MANNERS, LUDIA**

2.3 STREET ADDRESS **20 Alhambra Circle #8**

2.4 CITY - ST - ZIP **CORAL Gables 33134**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change 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 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: Jeff Ronci DATE: 2/14/96 (305) 993-1165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)