

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39604 (6)
 1. Corporation Name
COLINES VERDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 6585 DILLMAN ROAD WEST PALM BEACH FL 33413	Mailing Address PO BOX 15255 W PALM BEACH FL 33416 US
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3. Date Incorporated or Qualified 08/03/1990	3a. Date of Last Report 08/03/1995
4. FEI Number 65-0208397	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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 40 Faw-Con
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 15933 Clayton Rd.
City & State 23	City & State 28 Ballwin MO
Zip 24	Country 25
Country 29 US	Zip 30 63011

9. Name and Address of Current Registered Agent

**DUDE, HARALD
6585 DILLMAN ROAD EXTENSION
WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DUDE, HARALD		1.2 NAME JUERGEN KOCHANNER	
STREET ADDRESS 6585 DILLMAN ROAD		1.3 STREET ADDRESS 2634 VALLEY ROAD	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP CHESTERFIELD MO 63005	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DUDE, HARALD		2.2 NAME ALBERT A. ZEHNER	
STREET ADDRESS 6585 DILLMAN ROAD		2.3 STREET ADDRESS 1417 CARMEN VALLEY DR.	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP MANCHESTER MO 63021	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBSON, JACK		3.2 NAME JIM TEPFER	
STREET ADDRESS 6585 DILLMAN ROAD		3.3 STREET ADDRESS 15933 CLAYTON ROAD	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP BALLWIN MO 63011	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TOWNSEN, GRANT		4.2 NAME PEGGY H. MORRIS	
STREET ADDRESS 6585 DILLMAN ROAD		4.3 STREET ADDRESS 4506 MARYLAND AVE	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP ST. LOUIS MO 63108	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra B. Mortham* SECRETARY, Secretary 6/12/96 314-391-6700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)