

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <del>6585 DILLMAN ROAD WEST PALM BEACH FL 33410</del>	Mailing Address C/O FRN-CON 15933 CLAYTON ROAD BALLWIN MO 63011 US
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3. Date Incorporated or Qualified <b>08/03/1990</b>		
4. FEI Number <b>65-0208397</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>2802 TERRA CEIA BAY</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>PALMETTO FL</b>	City & State 28
Zip 24 <b>34221</b>	Country 25 <b>US</b>
	Country 30

9. Name and Address of Current Registered Agent  
~~DUDE, HAROLD  
6585 DILLMAN ROAD EXTENSION  
WEST PALM BEACH FL 33410~~

10. Name and Address of New Registered Agent

81 Name <b>LUKE P. WOLF</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2802 TERRA CEIA BAY BLVD.</b>	
83	
84 City <b>PALMETTO</b>	85 Zip Code <b>FL 34221</b>

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 **LUKE P. WOLF** *LUKE WOLF* **3/13/98**  
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	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>KOCHANNECK, JUERGEN</b>	
STREET ADDRESS	<b>2634 VALLEY ROAD</b>	
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ZEHNER, ALBERT A</b>	
STREET ADDRESS	<b>1417 CARMEN VALLEY DRIVE</b>	
CITY-ST-ZIP	<b>MANCHESTER MO</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>TEPPER, JIM</b>	
STREET ADDRESS	<b>15933 CLAYTON ROAD</b>	
CITY-ST-ZIP	<b>BALLWIN MO</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, PEGGY H</b>	
STREET ADDRESS	<b>4506 MARYLAND AVENUE</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *ALBERT A. ZEHNER* **3/5/98 (314) 391-4546**

CR2E037 (10/97)