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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39604

1. Corporation Name
COLINES VERDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 2802 TERRA CIEA BAY
 PALMETTO FL 34221
 US

Mailing Address
 C/O FRN-CON
 15933 CLAYTON ROAD
 BALLWIN MO 63011
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0208397	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
WOLF, LUKE 2802 TERRA CIEA BAY BLVD PALMETTO FL 34221				81	Name			THOMAS M. McCARTNEY
				82	Street Address (P.O. Box number is not acceptable)			2802 TERRA CIEA BAY BLVD.
				83				
				84	City		85	Zip Code
PALMETTO		FL		34221				

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: *T.M. McCartney* T. M. McCARTNEY DATE: 4-21-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV KOCHANNECK, JUERGEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2634 VALLEY ROAD	1.2 NAME	
STREET ADDRESS	CHESTERFIEDL MO	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD ZEHNER, ALBERT A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1417 CARMEN VALLEY DRIVE	2.2 NAME	
STREET ADDRESS	MANCHESTER MO	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD TEPPER, JIM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15933 CLAYTON ROAD	3.2 NAME	
STREET ADDRESS	BALLWIN MO	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S MORRIS, PEGGY H	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4506 MARYLAND AVENUE	4.2 NAME	
STREET ADDRESS	ST LOUIS MO	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SIGNATURE REQUIRED** DATE: 4/19/99 DAYTIME PHONE #: (314) 391-4560

CR2E037 (11/98)