FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(3)

	OLONY ASSOCIATION OF			
Principal Place	e of Business	Mailing Address		
4754 LEMON LANTE AMELIA ISLAND FL 32034 4754 LEMON LANTE AMELIA ISLAND FL 32034				3. Date Incorporated or Qualified 04/01/1992
US		บร		4. FEI Number Applied For
				NOT APPLICABLE Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		\$9.75 Additional
21 1420 7	Trapewinds Way	26 1120 TRADE	ewinds W	5. Certificate of Status Desired Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State	ia Island, FL	City & State	IAND, FL	7. Is this nonprofit corporation a homeowners association?
Zip 2.0	Country	Zio PARLIA JS	Country	
_ผ า"3ล	034 25 USA		WSA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		0, 000	10. Name and Address of New Registered Agent
			81 Name	
LAUBSCHER LOUIS E				Homas E. NILDEBRAID Address (P.O. Box Number is Not Acceptable)
1211 ORANGE AVENUE			82 Street	4)62 ST. DOMC CT
WINTER PARK FL 32789			83	
	`		041 010	
			64 City	AMENA TSKAND FL 85 ZID COODS 4
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Fjorida Statutes	the above-named	corporation submits the statement for the purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the pblic	e of Florida. Such change was au gations of, Section 617.0503, Flori	morized by the corp ida Statutes.	d corporation submits the statement for the purpose of changing its registered reporation's board of discours. I hereby escept the appointment as registered
SIGNATURE	THOMAS E. HIL	DEBRAND PRESID	ANT =	None / Ilaboran 4/20/98
	Signature, typed or printed name of registered ag	gent and title if applicable (NOTE:	Registered Agent signature	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	VICE-PRESIDENT Change Addition
NAME	LAUBSCHER, LOUIS E		1.2 NAME	DOIAN, PHIL 4 SWEETWATER CAKS DRIVE
STREET ADDRESS	FEDERAL TRUST BANK, 121	IT OHANGE AVENUE	1.3 STREET ADDRESS	AMELIA ISLAND, FL 32034
CITY-ST-ZIP	WINTER PARK FL 32789	DELETE	1.4 City-St-ZiP	SECRETARY Change Maddition
TITLE	D MENORE ANDREY	A percie	2.1 TITLE	PATTERSON, MARY ANW
NAME	WRIGHT, AUBREY	A OBANOE AVENUE	2.2 NAME	4741 MARTINI QUE COURT
STREET ADDRESS	FEDERAL TRUST BANK, 121	IT UHANGE AVENUE	2.3 STREET ADDRESS	AMELIA ISLAND, FL 32034
CITY-ST-ZIP	WINTER PARK FL 32789	DELETE	2.4 CITY-ST-ZIP	
TITLE	D TANKE V	DELETE	3.1 TITLE	The Contract of the Contract o
NAME	SUSKIEWICH, JAMES V	I ODANCE AVENUE	3.2 NAME	Downs, JOHN
STREET ADDRESS	FEDERAL TRUST BANK, 121	I UNANUE AVENUE	3.3 STREET ADDRESS	4749 ST. MARL COLIRT
CITY-ST-ZIP TITLE	WINTER PARK FL 32789	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	AMELIA ISIANO, FL 32034 POPSIDENT Addition
NAME	HILDEBRAND, THOMAS	_ otter	4.1 INCE 4.2 NAME	
	4762 ST. MARC CT.			HIDEBRAND, THOMAS 4768 ST NARC COLLET
STREET ADDRESS	AMELIA ISLAND FL 32034		4.3 STREET ADDRESS	ANELIA ISLAND, FL 32034
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY-ST-ZIP	Change Addition
NAME	Webster, Jeff	الما مددند	5.7 TILE 5.2 NAME	Change 22 Months
ruvult:	MCD31ER, JEFF	,	- 3 × N/ML	<u> </u>

14. I hereby certify that the information supplied with this filing does not qualifindicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with anyadress. tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an LagJequired by Chapter 617, Florida Statutes; and that my name appears in

5.3 STREET ADDRESS

6.3 STREET ADDRESS

O'BRIEN , BARBARA

4807 St. MARC COURT

AMELIA ISLAND, FL 32034

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

4732 WESTWIND CT.

4815 WESTWIND CT.

DINKINS, DAN

amelia Island Fl 32034

DELETE

Change

Addition

FILED

Apr 27 1998 8:00am

Secretary of State