

FILE NOW: FILING FEE IS \$61.25

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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000003512 (0)
1. Corporation Name
THE COLONY OF THE LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: % CLAYTONS REALTY, 611 N WYMORE ROAD, WINTER PARK FL 32789
Mailing Address: % CLAYTONS REALTY, 611 N WYMORE ROAD, WINTER PARK FL 32789

3. Date Incorporated or Qualified: 07/15/1994
4. FEI Number: 59-3286231
Applied For: Not Applicable

2. Principal Place of Business: 21 311 RUNNING WIND LANE, MAITLAND, FL 32751
2a. Mailing Address: 26 P.O. BOX 948392, MAITLAND, FL 32794-8392
22 City & State: MAITLAND, FL
23 Zip: 32751, Country: USA
24 32751, 25 USA, 29 32794-8392, 30 USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

9. Name and Address of Current Registered Agent: BANKS, E G, % CLAYTONS REALTY, 611 N WYMORE ROAD, WINTER PARK FL 32789

10. Name and Address of New Registered Agent: 81 Name: LEVITT, K.D., 82 Street Address: 311 RUNNING WIND LANE, 83 City: MAITLAND, FL, 84 Zip Code: 32751

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: Ken Levitt, President, 4/27/98

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: BANKS, E G	STREET ADDRESS: 611 N WYMORE RD	CITY-ST-ZIP: WINTER PARK FL 32789	<input checked="" type="checkbox"/> DELETE
TITLE: STD	NAME: CLAYTON, W M	STREET ADDRESS: 611 N WYMORE RD	CITY-ST-ZIP: WINTER PARK FL 32789	<input checked="" type="checkbox"/> DELETE
TITLE: VD	NAME: CLAYTON, CHARLES W III	STREET ADDRESS: 611 N WYMORE RD	CITY-ST-ZIP: WINTER PARK FL 32789	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: LEVITT, K.D.	
1.3 STREET ADDRESS: 311 RUNNING WIND LANE	
1.4 CITY-ST-ZIP: MAITLAND, FL 32751	
2.1 TITLE: VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: POLONUS, M.R.	
2.3 STREET ADDRESS: 304 RUNNING WIND LANE	
2.4 CITY-ST-ZIP: MAITLAND, FL 32751	
3.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: GREEN, E.E.	
3.3 STREET ADDRESS: 1224 E. LAKE COLONY DR.	
3.4 CITY-ST-ZIP: MAITLAND, FL 32751	
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: M. R. Polonus (MICHAEL R. POLONUS) 4/27/98 407-644-4094

CR2E037 (10/97)