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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90086 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003512**

1. Corporation Name  
**THE COLONY OF THE LAKE HOMEOWNERS ASSOCIATION, I NC.**

Principal Place of Business % CLAYTONS REALTY 311 RUNNING WIND LANE MAITLAND FL 32751 US	Mailing Address % CLAYTONS REALTY PO BOX 948392 MAITLAND FL 32794-392 US
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21 Principal Place of Business K.D. LEVITT Suite, Apt. #, etc. 311 Running Wind Lane City & State MAITLAND, FL Zip Country 32751 USA	2a. Mailing Address Colony of the LAKE HOA Suite, Apt. #, etc. PO Box 948392 City & State MAITLAND, FL Zip Country 32751 USA	23 28	3. Date Incorporated or Qualified 07/15/1994	4. FEI Number 59-3286231	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			

9. Name and Address of Current Registered Agent LEVITT, K.D. 311 RUNNING WIND LANE MAITLAND FL 32751	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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. Purpose of change is to remove CLAYTONS Realty from Business & Address name.  
 SIGNATURE: Michael R. Polonus (NOTE: Registered Agent signature required when reinstating) DATE: 2/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVITT, K.D. 311 RUNNING WIND LANE MAITLAND FL 32751	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D ANGEL, I. 317 RUNNING WIND LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD POLONUS, M.R. 304 RUNNING WIND LANE MAITLAND FL 32751	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D HEFFRON, B.L. 319 RUNNING WIND LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, E.E. 1224 E LAKE COLONY DR MAITLAND FL 32751	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE: Michael R. Polonus (MICHAEL R. POLONUS) 2/17/99 (407-644-4094)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)