

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N34845

(0)

95 JUN 22 AM 8:16

1. Corporation Name

COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

3348 EDGEWATER DRIVE
ORLANDO FL 32804

Mailing Address

3348 EDGEWATER DRIVE
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1989

3a. Date of Last Report

08/01/1994

4. FEI Number

59-3140946

Applied For

Not Applicable

2. Principal Place of Business

21 1523 Brookebridge Drive

Suite, Apt. #, etc.

22

City & State

23 Orlando, Florida

Zip

24 32825

Country

25 U.S.A.

2a. Mailing Address

26 Post Office Box 180476

Suite, Apt. #, etc.

27

City & State

28 Casselberry, FL

Zip

29 32718-0476

Country

30 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

☐

FILING FEE IS
\$61.25

Tax Exempt Status

8. This corporation has liability for filing fees under s. 190.002,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEERS, RON G

3348 EDGEWATER DRIVE

ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

Sandra M. Huff

82 Street Address (P.O. Box Number is Not Acceptable)

1228 Bridlebrook Dr.

83

84 City

Casselberry

FL

85 Zip Code

32707

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

Signature, typed or printed name of registered agent and title if applicable

(Not for Registered Agent signature required when reappointing)

DATE

6/16/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

MEERS, RON G

3348 EDGEWATER DRIVE

ORLANDO FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

MEERS, KAREN

3348 EDGEWATER DRIVE

ORLANDO FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

PD

Willy Aviles

1523 Brookebridge Drive

Orlando, Florida 32825

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

VD

Elisa Moriera

1229 Brookebridge Drive

Orlando, FL 32825

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

D

Carlos Casanova

9438 Dearmont Ave.

Orlando, FL 32825

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

T/S/D

Scherill Newsome

1408 Brookebridge Drive

Orlando, FL 32825

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

D

Robert Purvis

1401 Brookebridge Dr.

Orlando, FL 32825

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willy Aviles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6/16/95 (407) 384-7414

Daytime Phone #