

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N39604** (6)  
1. Corporation Name  
**COLINES VERDE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**6585 DILLMAN ROAD  
WEST PALM BEACH FL 33413**

Mailing Address  
**PO BOX 15255  
W PALM BEACH FL 33416  
US**

3. Date Incorporated or Qualified <b>08/03/1990</b>	3a. Date of Last Report <b>08/03/1995</b>
4. FEI Number <b>65-0208397</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>40 Faw. Con</b>
22. City & State	27. <b>15933 Clayton Rd.</b>
23. Zip	28. <b>Ballwin MO</b>
24. Country	29. <b>63011</b>
25. Country	30. <b>US</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>DUDE, HARALD 6585 DILLMAN ROAD EXTENSION WEST PALM BEACH FL 33413</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUDE, HARALD</b>	1.2 NAME	<b>JURGEN KOCHANNKE</b>
STREET ADDRESS	<b>6585 DILLMAN ROAD</b>	1.3 STREET ADDRESS	<b>2634 VALLEY ROAD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>CHESTERFIELD MO 63005</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUDE, HARALD</b>	2.2 NAME	<b>ALBERT A. ZEHNER</b>
STREET ADDRESS	<b>6585 DILLMAN ROAD</b>	2.3 STREET ADDRESS	<b>1417 CARMEN VALLEY DR.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>MANCHESTER MO 63021</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBSON, JACK</b>	3.2 NAME	<b>Jim ZEPHER</b>
STREET ADDRESS	<b>6585 DILLMAN ROAD</b>	3.3 STREET ADDRESS	<b>15933 CLAYTON ROAD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>BALLWIN MO 63011</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOWNSEN, GRANT</b>	4.2 NAME	<b>PEGGY H. MORRIS</b>
STREET ADDRESS	<b>6585 DILLMAN ROAD</b>	4.3 STREET ADDRESS	<b>4506 MARYLAND AVE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-ST-ZIP	<b>ST. LOUIS MO 63108</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **RECEIVED** 6/12/96 314-391-6700  
Date Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)