


4-21-97 B-5721 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19106** (6)  
1. Corporation Name  
**COLONNADES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>4800 COLONNADES CLUB BOULEVARD LAKELAND FL 33811</b>	Mailing Address <b>4800 COLONNADES CLUB BOULEVARD LAKELAND FL 33811-1578</b>
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3. Date Incorporated or Qualified <b>02/05/1987</b>	3a. Date of Last Report <b>04/20/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2769860</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAUGHT, BETTY  
4800 COLONNADES CLUB BOULEVARD  
LAKELAND FL 33811**

81 Name <b>Clell J. Osborn</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4800 Colonnades Club Boulevard</b>
83
84 City <b>Lakeland</b>
FL 85 Zip Code <b>33811</b>

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 *Clell J. Osborn*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-17-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VAUGHT, BETTY</b>		1.2 NAME <b>Clell J. Osborn</b>	
STREET ADDRESS <b>4800 COLONNADES CLUB BOULEVARD</b>		1.3 STREET ADDRESS <b>4800 Colonnades Club Blvd.</b>	
CITY-ST-ZIP <b>LAKELAND FL 33811</b>		1.4 CITY-ST-ZIP <b>Lakeland, FL 33811</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRAHAM, KEN</b>		2.2 NAME <b>Herman Hagnayer</b>	
STREET ADDRESS <b>4861 SQUIRE HOLLOW TRAIL</b>		2.3 STREET ADDRESS <b>1910 Birchwood Loop</b>	
CITY-ST-ZIP <b>LAKELAND FL 33811</b>		2.4 CITY-ST-ZIP <b>Lakeland, FL 33811</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WALCHECK, ALLIE</b>		3.2 NAME <b>Harry A. Krater</b>	
STREET ADDRESS <b>4938 PLEASANT HOLLOW TRAIL</b>		3.3 STREET ADDRESS <b>1810 Birchwood Loop</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>		3.4 CITY-ST-ZIP <b>Lakeland, FL 33811</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>OLLO, BEA</b>		4.2 NAME <b>Etha Allen</b>	
STREET ADDRESS <b>1666 BIRCHWOOD LOOP</b>		4.3 STREET ADDRESS <b>1647 Colonnades Circle N.</b>	
CITY-ST-ZIP <b>LAKELAND FL 33811</b>		4.4 CITY-ST-ZIP <b>Lakeland, FL 33811</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BOYETTE, BARBARA</b>		5.2 NAME <b>Jim Wolfe</b>	
STREET ADDRESS <b>4789 SQUIRE HOLLOW DRIVE</b>		5.3 STREET ADDRESS <b>4991 Pleasant Hollow Trail</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>		5.4 CITY-ST-ZIP <b>Lakeland, FL 33811</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUESCH, GUS</b>		6.2 NAME	
STREET ADDRESS <b>1902 BIRCHWOOD LOOP</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL 33811</b>		6.4 CITY-ST-ZIP	

14. I do 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:

*Clell J. Osborn*

**3-17-97**

CR2E037 (9/96)