FILE NOW: FILING FEE IS $61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N34845** **(0)**

1. Corporation Name

COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1228 BRIDLEBROOK DR. CASSELBERRY FL 32707 US	P.O. BOX 180476 CASSELBERRY FL 32718-0476 US

3. Date Incorporated or Qualified: **10/23/1989**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3140946** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANDRA M. HUFF
1228 BRIDLEBROOK DRIVE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AVILES, WILLY		1.2 NAME		
STREET ADDRESS	1523 BROOKEBRIDGE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MORIERA, ELISA		2.2 NAME	HERNANDEZ, AMY	
STREET ADDRESS	1229 BROOKEBRIDGE DRIVE		2.3 STREET ADDRESS	1531 BROOKEBRIDGE DRIVE	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PURVIS, ROBERT		3.2 NAME		
STREET ADDRESS	1401 BROOKEBRIDGE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	TSD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHERILL, NEWSOME		4.2 NAME	MELENDEZ, HECTOR	
STREET ADDRESS	1408 BROOKEBRIDGE DRIVE		4.3 STREET ADDRESS	9458 DEARMONT AVENUE	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PURVIS, ROBERT		5.2 NAME		
STREET ADDRESS	1401 BROOKEBRIDGE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Willy Aviles REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013308