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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34845 (0)
 1. Corporation Name
COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 1228 BRIDLEBROOK DR. CASSELBERRY FL 32707 US	Mailing Address P.O. BOX 180476 CASSELBERRY FL 32718-0476 US
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3. Date Incorporated or Qualified 10/23/1989
4. FEI Number 59-3140946
Applied For Not Applicable

2. Principal Place of Business 21 9816 E. Colonial Drive	2a. Mailing Address 26 P.O. Box 677307
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 Orlando, Florida	City & State 27 Orlando, Fl
Zip 24 32817	Country 25 USA
Zip 29 32867-7307	Country 30 USA

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <table border="1"> <tr> <td>81 Name Joseph Frasca</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) 9816 East Colonial Drive</td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City Orlando</td> </tr> <tr> <td>85 State FL</td> </tr> <tr> <td>86 Zip Code 32817</td> </tr> </table>	81 Name Joseph Frasca	82 Street Address (P.O. Box Number is Not Acceptable) 9816 East Colonial Drive	83	84 City Orlando	85 State FL	86 Zip Code 32817
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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.

SIGNATURE Joseph Frasca **Joseph Frasca** **4/8/98**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	VPD
NAME	HERNANDEZ, AMY	1.2 NAME	
STREET ADDRESS	1531 BROOKEBRIDGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MORIERA, ELISA	2.2 NAME	
STREET ADDRESS	1229 BROOKEBRIDGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
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	D	4.1 TITLE	
NAME	MELENDEZ, HECTOR	4.2 NAME	
STREET ADDRESS	9458 DEARMONT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	PD
NAME		5.2 NAME	Willy Aviles
STREET ADDRESS		5.3 STREET ADDRESS	1523 Brookebridge Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32825
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Maggie Diaz
STREET ADDRESS		6.3 STREET ADDRESS	9446 Dearmont Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32825

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.

SIGNATURE: Willy Aviles **Willy Aviles** **4/15/98** **277-2141**

CR2E037 (10/97)