

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721268 (1)
1. Corporation Name
COLONIAL CLUB CONDOMINIUM ASSOC. SEC 1, INC.



Principal Place of Business 26 COLONIAL CLUB DRIVE BOYNTON BEACH FL 33435 US	Mailing Address 26 COLONIAL CLUB DRIVE BOYNTON BEACH FL 33435-8301 US
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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	3. Date Incorporated or Qualified 06/30/1971	3a. Date of Last Report 07/17/1996	4. FEI Number 59-1534387	Applied For <input type="checkbox"/> Not Applicable
		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		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KAMEL, MIKE C/O FLA PROFESSIONAL BUSINESS SYSTEMS 1240 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 81 Name Ernest W. Willis 82 Street Address (P.O. Box Number is Not Acceptable) c/o Beacon Property Management, Inc. 83 City 500 E. Spanish River Blvd. Ste. 18 84 Zip Boca Raton FL 33462
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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 *Ernest W. Willis* **Ernest W. Willis** **March 21, 1996**
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 PD	<input type="checkbox"/> DELETE	1.1 TITLE Ken Kyrk	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENRY, KEITH		1.2 NAME 35 Colonial Club Drive #205	
STREET ADDRESS 5 COLONIAL CLUB DR #101		1.3 STREET ADDRESS Boynton Beach, FL 33435	
CITY-ST-ZIP BOYNTON BEACH FL 33435		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOHERTY, JOHN		2.2 NAME	
STREET ADDRESS 20 COLONIAL CLUB DR #104		2.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33435		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Richard Pratt	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MEYER, MARGARET		3.2 NAME 33 Colonial Club Drive #101	
STREET ADDRESS 11 COLONIAL CLUB DRIVE #100		3.3 STREET ADDRESS Boynton Beach, FL 33435	
CITY-ST-ZIP BOYNTON BEACH FL 33435		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BATTITO, JOSEPH		4.2 NAME	
STREET ADDRESS 30 COLONIAL CLUB DR #100		4.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYLE, MARGARET		5.2 NAME	
STREET ADDRESS 19 COLONIAL CLUB DR #200		5.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33435		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 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 *Ernest W. Willis* **Ernest W. Willis** **April 13, 1997**

CR2E037 (9/96)