

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 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 # **728274** (2)

1. Corporation Name

COLONIAL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% FRANK R. SEWARD 790 SANDGATE STREET MERRITT ISLAND FL 32953	% FRANK R. SEWARD 790 SANDGATE STREET MERRITT ISLAND FL 32953-4632

3. Date Incorporated or Qualified 01/17/1974	3a. Date of Last Report 03/29/1996
--	--

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

4. FEI Number 59-2053962	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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
SEWARD, FRANK R 790 SANDGATE STREET MERRITT ISLAND FL 32953	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D LESKO, MARCELLA
STREET ADDRESS	285 VISCOUNT AVENUE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	D KORTEKAAS, MARVIN
STREET ADDRESS	725 MANDARINE ST.
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	P KORTEKAAS, BARBARA
STREET ADDRESS	725 MANDARINE STREET
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	V COWLING, LAVERNE
STREET ADDRESS	345 HUNT AVENUE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T VOLKMER, IVA
STREET ADDRESS	285 MELBOURNE AVENUE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	S SEWARD, ALICE
STREET ADDRESS	790 SANDGATE
CITY-ST-ZIP	MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S/T
6.3 STREET ADDRESS	SEWARD, ALICE
6.4 CITY-ST-ZIP	790 SANDGATE STREET MERRITT ISLAND, FL 32953

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.

CR2E037 (9/96)

COLONIAL HOMEOWNERS ASSOCIATION, INC.

Block 12 continued

D

Dettmering, Gladys
225 Perth Avenue
Merritt Island, FL 32953

D

Wade, Aileen
660 Buttonwood Avenue
Merritt Island, FL 32953

D

Mahnke, Uta
220 Perth Avenue
Merritt Island, FL 32953

D

Writer, Vi
100 Darwin Street
Merritt Island, FL 32953