

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743931** (8)  
1. Corporation Name  
**THE COLONIES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779</b>	Mailing Address <b>2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779</b>
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3. Date Incorporated or Qualified <b>08/15/1978</b>	
4. FEI Number <b>59-1851046</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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	SD	<input type="checkbox"/> DELETE
NAME	BENTON, LINDA	
STREET ADDRESS	7340 DANIEL WEBSTER #B	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAIG, JAMES T.	
STREET ADDRESS	3028 B GEORGE MASON AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOUNDS, AHLONA	
STREET ADDRESS	3201 AARON BURR AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENENDEZ, NANCY	
STREET ADDRESS	7401 A DANIEL WEBSTER DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, VIRGINIA	
STREET ADDRESS	3065 A GEORGE MASON AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THAU, BARBARA	
STREET ADDRESS	3060 GEORGE MASON AVENUE #D	
CITY-ST-ZIP	WINTER PARK FL	

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 checked="" type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	RICHARDSON, DALE
3.4 CITY-ST-ZIP	3060 #D GEORGE MASON AVE WINTER PARK FL 32789
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	DADY, DARLENE
5.4 CITY-ST-ZIP	7296 DANIEL WEBSTER DR WINTER PARK FL 32792
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

JAMES T. CRAIG

SIGNATURE:

2/26/98

CR2E037 (10/97)