

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:12

DOCUMENT # 746376 (3)

1. Corporation Name
COLONIAL ISLES ASSOCIATION, INC.

Principal Place of Business 1749 S HIGHLAND AVE A-6 CLEARWATER FL 34616	Mailing Address 1749 S HIGHLAND AVE A-6 CLEARWATER FL 34616
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	21 Suite, Apt. #, etc.
22 City & State	22 City & State
23 Zip	23 Country
24	24

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/21/1979	3a. Date of Last Report 03/09/1994
4. FEI Number 59-2185871	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**TAURINSKAS, PAUL
1749 S. HIGHLAND AVE. #C-7
CLEARWATER FL 34616**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

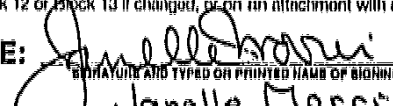
12. OFFICERS AND DIRECTORS

TITLE	D/P	
NAME	ARCHER, EDWARD	OK
STREET ADDRESS	1749 SO HIGHLAND AVE #C3	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	
NAME	MORRIS, JANELLE	OK
STREET ADDRESS	1749 S. HIGHLAND #A-11	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	
NAME	HEADRICK, KATHERINE	← delete
STREET ADDRESS	1749 S. HIGHLAND #A-7	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	
NAME	TALLEY, WALTER	OK
STREET ADDRESS	1749 SO HIGHLAND #A11	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	
NAME	TAURINSKAS, PAUL	OK
STREET ADDRESS	1749 S. HIGHLAND #C-7	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	D
6.3 STREET ADDRESS	FREDERICK, ROBERT
6.4 CITY-ST-ZIP	P.O. Box 2678 N/A LARGO, FL 34649-2678

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  **Janelle Morris** 813 442-2200