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FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746376 (3)

1. Corporation Name

COLONIAL ISLES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1749 S HIGHLAND AVE A-6  
CLEARWATER FL 346161749 S HIGHLAND AVE A-6  
CLEARWATER FL 34616-1849

3. Date Incorporated or Qualified

03/21/1979

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 DP ☐ DELETE  
NAME ARCHER, EDWARD  
STREET ADDRESS 1749 SO HIGHLAND AVE #C3  
CITY-ST-ZIP CLEARWATER FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME MORRIS, JANELLE  
STREET ADDRESS 1749 S. HIGHLAND #A-11  
CITY-ST-ZIP CLEARWATER FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME TALLEY, WALTER  
STREET ADDRESS 1749 SO HIGHLAND #A11  
CITY-ST-ZIP CLEARWATER FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME TAURINSKAS, PAUL  
STREET ADDRESS 1749 S. HIGHLAND #C-7  
CITY-ST-ZIP CLEARWATER FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME FREDERICK, ROBERT  
STREET ADDRESS P.O. BOX 2678 N/A  
CITY-ST-ZIP LARGO FL5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 1749. S. HIGHLAND # A-10  
5.4 CITY-ST-ZIP CLEARWATER, FL 34616TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066920

CR2E037 (9/96)