

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

03/21/1979

4. FEI Number

59-2185871

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

PAREKH, COMMONS + CO.

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 **JEROME B. MAY**

82 Street Address (P.O. Box Number is Not Acceptable)
1749 S. HIGHLAND AVE. #C-10

83

84 City **CLEARWATER** FL 85 Zip Code **33756**

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

Jerome B. May
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ARCHER, EDWARD	
STREET ADDRESS	1749 SO HIGHLAND AVE #C3	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIS, JANELLE	
STREET ADDRESS	1749 S. HIGHLAND #A-11	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TALLEY, WALTER	
STREET ADDRESS	1749 SO HIGHLAND #A11	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAURINSKAS, PAUL	
STREET ADDRESS	1749 S. HIGHLAND #C-7	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREDERICK, ROBERT	
STREET ADDRESS	1749 S HIGHLAND #A-10	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEROME B. MAY	
1.3 STREET ADDRESS	1749 S. HIGHLAND AVE #C-10	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33756	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JUNE SPANG	
3.3 STREET ADDRESS	1749 S. HIGHLAND AVE. # C-8	
3.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DORIS SAVAGE	
4.3 STREET ADDRESS	1749 S. HIGHLAND AVE. # C-11	
4.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WARREN BARRETT	
5.3 STREET ADDRESS	1749 S. HIGHLAND AVE. # C-4	
5.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
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.

SIGNATURE: *Jerome B. May*

1-15-98

813-584-9242

CR2E037 (10/97)