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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746376

1. Corporation Name

COLONIAL ISLES ASSOCIATION, INC.

Principal Place of Business

1749 S HIGHLAND AVE A-6
 CLEARWATER FL 34616

Mailing Address

C/O PAREK H COMMONS & CO
 2700 E BAY DR #107
 LARGO FL 33771
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/21/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2185871	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent

MAY, JEROME B
 1749 S HIGHLAND AVE #C10
 CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81	Name	JOHN CASSEEN
82	Street Address (P.O. Box Number is Not Acceptable)	1749 HIGHLAND AVE #C-4
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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, JEROME B	1.2 NAME	JOHN CASSEEN
STREET ADDRESS	1749 S HIGHLAND AVE #C10	1.3 STREET ADDRESS	1749 HIGHLAND AVE #C-4
CITY-ST-ZIP	CLEARWATER FL 33756	1.4 CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JANELLE	2.2 NAME	
STREET ADDRESS	1749 S. HIGHLAND #A-11	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANG, JUNE	3.2 NAME	
STREET ADDRESS	1749 S HIGHLAND AVE #C8	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVAGE, DORIS	4.2 NAME	GEORGIA BOWMAN
STREET ADDRESS	1749 S HIGHLAND AVE #C11	4.3 STREET ADDRESS	1749 HIGHLAND AVE #A-9
CITY-ST-ZIP	CLEARWATER FL 33756	4.4 CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETT, WARREN	5.2 NAME	THOMAS A SHERIDAN
STREET ADDRESS	1749 S HIGHLAND AVE #C4	5.3 STREET ADDRESS	1749 HIGHLAND AVE #A-1
CITY-ST-ZIP	CLEARWATER FL 33756	5.4 CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

588-7745

Daytime Phone #

CR2E037 (11/98)