

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762147 (7)
1. Corporation Name
COLONIAL VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
303-309 SW 3RD PL
CAPE CORAL FL 33991
US

Mailing Address
% MARY J. HOFFMAN
4408 S.W. 5TH AVE.
CAPE CORAL FL 33914

3. Date Incorporated or Qualified 03/03/1982
3a. Date of Last Report 03/16/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 1802 SW 15th AVE
27 Suite, Apt. #, etc.
28 CAPE CORAL
29 Zip
30 Lee

4. FEI Number 59-2259365
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NANCY J. SUHRIE
5016 S.W. 9TH PLACE
CAPE CORAL FL 33914

81 Name Joseph W. Cooper
82 Street Address (P.O. Box Number is Not Acceptable) 1802 SW 15th AVE
83
84 City CAPE CORAL, FL 85 Zip Code 33991

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 Joseph W. Cooper

(NOTE: Registered Agent signature required when reinstating)

3-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME SUHRIE, NANCY J.
STREET ADDRESS 5016 S.W. 9TH PL.
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE PTSD
1.2 NAME Cooper, Joseph W
1.3 STREET ADDRESS 1802 SW 15th AVE
1.4 CITY-ST-ZIP CAPE CORAL 33991

TITLE VD
NAME HOFFMAN, MARY J.
STREET ADDRESS 4408 SW 5TH AVE.
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE VD
2.2 NAME Georgianne T. Cooper
2.3 STREET ADDRESS 1802 SW 15th AVE
2.4 CITY-ST-ZIP CAPE CORAL 33991

TITLE STD
NAME TENEYCK, DONNA LEE COLE
STREET ADDRESS 1615 SE 8TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 00000

3.1 TITLE CD
3.2 NAME Cooper, Craig
3.3 STREET ADDRESS 1802 SW 15th AVE
3.4 CITY-ST-ZIP CAPE CORAL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 000001797490
5.4 CITY-ST-ZIP -04/29/96--01021--008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ***\$1.25
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Joseph W. Cooper (PTSD)

3/22/96, 941-772-2091

CR2E037 (12/95)