FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

765689

(5)

COLONIAL PARK ASSOCIATION, INC.

FILED	
May 12 1998 8:00am	l
Secretary of State	

COLONIAL PARK ASSOCIATION, INC.								
Principal Plac	e of Business	Mailing Address	Mailing Address				B44 001	
1403 WEST COLONIAL DR 1403 W. COLONIAL DRIVE ORLANDO FL 32804 US		É			3. Date Incorporated or Qualified 11/08/1982 4. FFI Number			
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	plied For Applicable	
2. Principal P	lace of Business	2a. Mailing Address				- ¢0 75 a		
21		26				5. Certificate of Status Desired Fee Re		
Suite, Apt. #, etc. Suite, A			e, Apt. #, etc.			6. Election Campaign Financing \$5,00 N	lay Be	
22 City & Stat		City & State	City P State			Trust Fund Contribution		
23	o	28				7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Countr	 у		This corporation owes or has paid the current year Interest.	naible	
24	25	29	30			· · · · · · · · · · · · · · · · · · ·	No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent		
ł			81	l Nar	ne			
	, WILLIAM P		82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
	COLONIAL DR.		83	;├─			<u> </u>	
UKLANU	O FL 32804							
	4		84	City	′	FL 85 Zip C	Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Stat	utes, the abov	.l ∕e-nam	ed corpo		registered	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli-	e of Florida. Such change was gations of, Section 617,0503. I	s authorized b Florida Statute	y the cas.	corporation	oration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as i	egistered	
SIGNATURE .		•		-				
	Signature, typed or printed name of registered a			jent signa	ature require	ed when reinstating) DATE		
12.		NO DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	PD	☐ DECE15	1.1 TITLE			L Change	☐ Addition	
NAME	PARDUE, WILLIAM P. JR.		1.2 NAME					
STREET ADDRESS	1403 W COLONIAL DR		1.3 STREE		88			
CITY-ST-ZIP TITLE	ORLANDO, FL 00000 DST	DELETE	1.4 CITY- 2.1 TITLE	51-ZIP		Change	Addition	
NAME	MOREYRA, ROBERT	<u></u>	2.2 NAME		ł	uning vising vis		
STREET ADDRESS	1403 W COLONIAL DR		2.3 STREE		ss			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-		~			
TITLE	VD	☐ DELETE	3.1 TITLE	<u> </u>	1	Change	Addition	
NAME	OHURCH, LARRY A.		3.2 NAME					
STREET ADDRESS	1403 W COLONIAL DR		3.3 STREE	T ADDRE	ss			
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-	·ST-ZIP				
TITLE		L DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME	:				
STREET ADDRESS			4.3 STREE	TADDRE	SS	3		
CITY-ST-ZIP		Driese	4.4 CITY-	ST-ZIP			Addition	
TITLE		DELETE	5.1 TITLE			[] Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE		89			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	51-ZIP		Change	Addition	
NAME			6.2 NAME			_ onlings	٠٠٠٠١٠١١ سي	
STREET ADDRESS			6.3 STREE		22			
CITY-ST-ZIP			6.4 CITY-					
	partification in the information number of	with this filing does not evelify			tatad in S	Section 119 07(3Vi) Florida Statutes I further certify that the	information	

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 13 if changed, or on an attachment with an address.