

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765745 (5)**  
1. Corporation Name  
**COLONIAL VILLAGE II CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>% FRED KLOHN 1113 FLORIDIAN CT. CAPE CORAL FL 33904 US</b>	Mailing Address <b>% FRED KLOHN 1113 FLORIDIAN CT. CAPE CORAL FL 33904-5931 US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>11/15/1982</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>59-2490131</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KLOHN, FRED 1113 FLORIDIAN CT. CAPE CORAL FL 33904</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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: *Fred W. Kohn* **TREASURER & Stat. Agent** **6 Jan 1997**  
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 <b>SD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VALERI, TOM</b>		1.2 NAME	
STREET ADDRESS <b>14 RONIT DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST TRENTON NJ 08628</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOFFMAN, MARY J.</b>		2.2 NAME	
STREET ADDRESS <b>4408 SW 5TH AVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CAPE CORAL FL 33901</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARMSTEAD, RALPH</b>		3.2 NAME	
STREET ADDRESS <b>940 MONTELLO ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BROCKTON MA 02401</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KLOHN, FRED</b>		4.2 NAME	
STREET ADDRESS <b>1113 FLORIDIAN CT.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: *Fred W. Kohn* **6 Jan 97 (941)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085021

CR2E037 (9/96)