

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 17 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **768863** (3)

1. Corporation Name

**COLONIAL MANOR OF VENICE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**1200 RIDGEWOOD AVE.  
VENICE FL 34292**

Mailing Address

**1200 RIDGEWOOD AVE.  
VENICE FL 34292**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/09/1983**

3a. Date of Last Report

**03/07/1994**

4. FBI Number

**59-2785846**

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**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

**\$68.75 Supplemental  
Fee Not Required**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KORP, WILLIAM  
333 S. TAMiami TR.  
VENICE FL 34284**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PD~~

~~BODNAR, MARTHA~~

~~217 OUTER DR E~~

~~VENICE FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~SD~~

~~BUEGHLY, PHYLLIS~~

~~231 INNER DR E~~

~~VENICE FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~CP~~

~~CHERRILL, CHARLES~~

~~228 OUTER DR E~~

~~VENICE FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~TD~~

~~SLOAN, WILLIAM L~~

~~210 INNER DR W~~

~~VENICE FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~D~~

~~MANHARD, RUTH~~

~~211 OUTER DR E~~

~~VENICE FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~D~~

~~MEGIN, EUGENE~~

~~204 INNER DR W~~

~~VENICE FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

~~PD~~

~~PETE CARIDAS~~

~~223 OUTER DR W~~

~~VENICE FL 34292~~

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

~~VPD~~

~~EDWARD HOLT~~

~~259 OUTER DR E~~

~~VENICE FL 34292~~

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

~~TD~~

~~ROBERT HARVOT~~

~~255 INNER DR E~~

~~VENICE FL 34292~~

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

~~D~~

~~EDWARD EVANS~~

~~217 OUTER DR E~~

~~VENICE FL 34292~~

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

~~VENICE FL 34292~~

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Print Name