## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

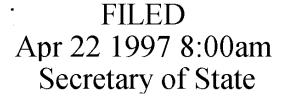
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

768863

(3)

COLONIAL MANOR OF VENICE HOMEOWNERS ASSOCIATION, INC.





2. Principal Place of Business  2. A Mailing Address  2. Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  2. City & State  2. City & State  2. City & State  2. Country  2. Country  2. Country  2. Country  2. Country  2. Country  3. This conflicts  4. FEI Number of Country  5. Certification  7. Trust F  2. Country  2. Country  3. This conflicts  4. Fei Number of Country  5. Certification  7. Trust F  2. Country  8. This conflicts  8. This conflicts  8. This conflicts  Floridate  8. This conflicts  Floridat	corporated or Qualified   3s. Date of Last Report   04/04/1996   Applied For   Not Applicable   Sa.75 Additional   Fee Required   Campaign Financing   S5.00 May Be   Added to Fees   Added to Fees   Statutes   Yes   No   No   No   No   No   No   No   N
28. Mailing Address 29. Mailing Address 3. Suite, Apl. #, etc. 20. Suite, Apl. #, etc. 3. City & State 3. Zip 4. Country 4. Zip 5. Country 5. Country 6. Election Trust F 7. Zip 7. Country 7. Zip 7. Country 8. This or Florida 9. Name and Address of Current Registered Agent 81. Name 82. Street Address (P.O. Box 333 S. TAMIAMI TR. VENICE FL 34284 83. Signature. to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submodifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE 81. Name 82. Street Address (P.O. Box 617.0502) 83. Registered Agent alignature required when reinstating the composition of the provision of Section 617.0503, Florida Statutes.  SIGNATURE 81. Name (NOTE: Registered Agent alignature required when reinstating the provision of Section of 17.0503, Florida Statutes.  SIGNATURE 82. Street Address (P.O. Box 63) 83. Name and Address of Current Registered agent and the life applicable (NOTE: Registered Agent alignature required when reinstating the provision of the provision o	Applied For   Not Applied Fo
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  B. This conflicted again and Address of Current Registered Again  KORP, WILLIAM  333 S. TAMIAMI TR.  VENICE FL 34284  Signature: typed or printed name of registered again and title if applicable  Signature: typed or printed name of registered again and title if applicable  [NOTE: Registered Again signature: required when reinstating title  [NOTE	The properties of the properti
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  B. This or Florida  9. Name and Address of Current Registered Agent  KORP, WILLIAM  333 S. TAMIAMI TR.  VENICE FL 34284  Sireet Address (P.O. Box  84 City  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature: typed or profed name of registered agent and title if applicable  OFFICERS AND DIRECTORS  13. ADDITIC  PD  VALLI, JOHN  SALERNO	reaction Status Desired  The Required  The R
Zip Country Zip Country 8. This conflict of Florida Statutes and Address of Current Registered Agent 10. Name  KORP, WILLIAM 333 S. TAMIAMI TR. VENICE FL 34284  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submortal of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of 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 regulated when reinstating 2. OFFICERS AND DIRECTORS 13. ADDITES 1.1 TITLE PD SALERNO MALE NAME VALLI, JOHN  SALERNO MALE SALERNO SALERNO SALERNO SALERNO SALERNO SALERNO MALE SALERNO MALE SALERNO SALERNO MALE SALER	und Contribution Added to Fees rporation has liability for Intangible tax under s. 199.032, Statutes Yes No
25 29 30 Florida  9. Name and Address of Current Registered Agent  10. Name  KORP, WILLIAM  333 S. TAMIAMI TR.  VENICE FL 34284  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE  Signature typed or printed name of registered agent and title If applicable  OFFICERS AND DIRECTORS  13. ADDITTE  PD  VALLI, JOHN  SALERNO  SALERNO	Statutes Yes No
9. Name and Address of Current Registered Agent  10. Name  KORP, WILLIAM  333 S. TAMIAMI TR.  VENICE FL 34284  83  64 City  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of 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  OFFICERS AND DIRECTORS  13. ADDITTE  PD  MME  VALLI, JOHN  SALERNO  SALERNO  SALERNO  SIGNATURE  PD  SALERNO  SALERNO	
KORP, WILLIAM 333 S. TAMIAMI TR.  VENICE FL 34284  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE  Signature, typed or printed name of registered agent and title If applicable  OFFICERS AND DIRECTORS  13. ADDITION  NAME  PD  VALLI, JOHN  SALERNO  SALERNO  SALERNO  SALERNO  SALERNO	and address of New Registered Agent
KORP, WILLIAM 333 S. TAMIAMI TR. VENICE FL 34284  83  84 City  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE  Signature, typed or printed name of registered agent and title If applicable (NOTE: Registered Agent signature required when reinstating 2. OFFICERS AND DIRECTORS  13. ADDITIONALE  VALLI, JOHN  12. NAME  VALLI, JOHN  SALERNO  STREET  13. SALERNO  SALERNO  SALERNO  SALERNO  SALERNO  SALERNO  SALERNO	The second secon
333 S. TAMIAMI TR.  VENICE FL 34284  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of 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  OFFICERS AND DIRECTORS  13. ADDITIONAME  PD  VALU, JOHN  12. NAME  PD  SALERNO	
VENICE FL 34284  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of 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 II applicable  OFFICERS AND DIRECTORS  13. ADDITIONAL	Number is Not Acceptable)
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating 2. OFFICERS AND DIRECTORS 13. ADDITECTORS III. TITLE PD AME VALLI, JOHN 1.2 NAME SALERNO	FL 85 Zip Code
2. OFFICERS AND DIRECTORS 13. ADDITED  IN DELETE 1.1 TITLE PD  IAME VALLI, JOHN  1.2 NAME SALERNO	
ILE PD LY DELETE 1.1 TITLE PD 1.2 NAME VALLI, JOHN 1.2 NAME SALERNO	INS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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AME PITTMAN, CHARLES # 4.2 NAME DORN , CA	THERINE
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AME EVANS, EDWARD 5.2 NAME MILLER,	FL 34292 Change X Additi
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IAME KIDWELL, MARY 6.2 NAME	GLENN R DR W PL 34292
STREET ADDRESS 204 OUTER DR E 6.3 STREET ADDRESS	GLENN R DR W FI. 34292
CITY-ST-ZIP VENICE FL 64 CITY-ST-ZIP	GLENN R DR W FI. 34292

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** 

WHATURE IND TYPED OR PRINTED HAME OF SHOWING OFFICER OR DIRECTOR

AFR/L/4/1997 94/4884/