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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **768863** **(3)**

1. Corporation Name

COLONIAL MANOR OF VENICE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 RIDGEWOOD AVE. VENICE FL 34292	1200 RIDGEWOOD AVE. VENICE FL 34292-1939

3. Date Incorporated or Qualified: **06/09/1983**
3a. Date of Last Report: **04/04/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI 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

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	VALLI, JOHN		1.2 NAME	SALERNO, ELAINE	
STREET ADDRESS	256 OUTER DR E		1.3 STREET ADDRESS	297 OUTER DR E	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	WELCOME, MARGARET		2.2 NAME	WELCOME, MARGARET	
STREET ADDRESS	250 OUTER DR W		2.3 STREET ADDRESS	250 OUTER DR W	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☐ Change X ☐ Addition
NAME	KEENER, STERLING		3.2 NAME	MERRILL, BRUCE	
STREET ADDRESS	212 INNER DR W		3.3 STREET ADDRESS	273 OUTER DR W	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE	TD	☒ DELETE	4.1 TITLE	SD	☐ Change X ☐ Addition
NAME	PITTMAN, CHARLES		4.2 NAME	DORN, CATHERINE	
STREET ADDRESS	293 OUTER DR E		4.3 STREET ADDRESS	248 INNER DR W	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change X ☐ Addition
NAME	EVANS, EDWARD		5.2 NAME	MILLER, GLENN	
STREET ADDRESS	217 OUTER DR E		5.3 STREET ADDRESS	236 INNER DR W	
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KIDWELL, MARY		6.2 NAME		
STREET ADDRESS	204 OUTER DR E		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Margaret B. Welcome TREASURER APRIL 14 1997 9414884118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064836

Margaret B. Welcome