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Jan 25, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768863

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/09/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2785846	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		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
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

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGLE, RALPH	1.2 NAME	
STREET ADDRESS	256 INNER DR W	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, NORMA	2.2 NAME	
STREET ADDRESS	235 INNER DR E	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	VAN, MARY LOU	3.2 NAME	
STREET ADDRESS	230 OUTER DR W	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	DORN, CATHERINE	4.2 NAME	
STREET ADDRESS	248 INNER DR W	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, GLENN	5.2 NAME	
STREET ADDRESS	236 INNER DR W	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LEMAY, RAYMOND	6.2 NAME	
STREET ADDRESS	269 OUTER DR W	6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	6.4 CITY-ST-ZIP	

14. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
Katherine Harris, President

1-5-99

Date

Daytime Phone #