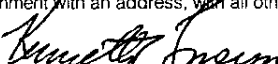


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90054 050 ****61.25

DOCUMENT # 768863 1. Entity Name COLONIAL MANOR OF VENICE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1200 RIDGEWOOD AVE. VENICE FL 34292 34285			Mailing Address 1200 RIDGEWOOD AVE. VENICE FL 34292 34285		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2785846	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KORP, WILLIAM 333 S. TAMiami TR. VENICE FL 34284				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMERSON, KENNETH 291 OUTER DR. EAST. VENICE FL 34292 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARIDAS, JANET 223 OUTER DR W VENICE FL 34292 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALABRIA, CHARLES 263 OUTER DR. EAST VENICE VENICE FL 34292 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARD JUMPER 240 OUTER DR. E VENICE, FL 34285 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGLE, SUE ANN 260 INNER DR. W, VENICE FL 34292 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICIA SCHMIDT 268 OUTER DR. E VENICE, FL 34285 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GLEN 236 INNER DR., WEST VENICE FL 34292 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLMAN, EILEEN 229 OUTER DR., EAST VENICE FL 34292 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  KENNETH C. EMERSON 1-28-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					