FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 771245

(8)

COLONIAL OAKS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business Mailing Address | | | | | | | | T 400114 14011 FIDER TIDER TIDER DER DER BERFFERE DER FEREN DER FE | | | | | |
|---|---------------------|---------------------------------------|--|----------------|----------|--|--|--|-------------------------------------|----------------|----------------------|---------------|------------|
| 3300 COLON | IIAL OAKS DR | | 2200 COLONIAL DAKS | : no | | | | | | | | | |
| #2B | IIAL ONNO ON | | 3300 COLONIAL OAKS DR #2B | | | | - | | | | | | |
| PACE FL 325 | 571 | | PACE FL 32571 US | | | | | | | 5 | | | |
| US | | | | | | | 11, | orporated or Qualifi 115/1983 | ed 3a. | 04/18 | ast Report 3/1995 | | |
| 2. Principal Pla | ace of Busines | SS | 2a. Mailing Address | | | | 4. FEI Num | ber -2356473 | | | Applied F | For | |
| 21 | | | 26 | | | | | 29 | 2000470 | | | Not Appl | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifica | te of Status Desired | J 🗆 | • | . 75 Additio | | |
| 22 City & State | <u> </u> | | 27 | | | | | | | | | ee Required | |
| 23 | 5 | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | | |
| Zip Country | | | Zip Country | | | , | | | | | | ded to Fee | |
| 24 | 2 | 25 | 29 | 30 | u , | | | | poration has liability. Statutes | Tor intangible | | r s. 199.032 | <u>-</u> , |
| | | and Address of Current I | | | | | Florida Statutes | | | | | | |
| , | | | | | 81 | N | ame | | | | | | |
| CRAIN, | PHIL | | | | 92 | | troot Adalesos | o (D.O. Boy N | lumber is Not Accer | ntablal | | | |
| | | KS DR, #2-B | | | 82 | 5 | ree: Address | S (P.O. BOX N | ptable) | | | | |
| PACE FI | | - · · · - - | | | 83 | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | 84 | С | ity | | | F | 85 | Zip Code | |
| 11. Pursuant t | to the provision | ns of Sections 617.0502 a | nd 617.1508, Florida Statut | es, the ab | ove-r | nam | ed corporation | on submits th | is statement for the | nurnoen of | ebanaina i | ts registered | d office |
| or register | red agent, or b | oth, in the State of Florida | Such change was authorize 617.0503, Florida Statutes | zed by the | corp | orat | ion's board o | of directors. I | hereby accept the | appointment | as registe | red agent. I | am |
| SIGNATURE | • | | , | - | | | | | | | | | |
| | Signature, typed or | printed name of registered agent are | a tide if applicable (No | OTE: Registere | d Agen | nt sign | ature required wh | hen reinstating) | • | DATE | | | |
| 12. | | OFFICERS AND I | | 13 | | | | ADDITIC | NS/CHANGES 10 | OFFICERS A | ND DIREC | CTORS IN 1: | 2 |
| TITLE | DP | 4 441 | DELETE | 1.1 1 | ITLE | | | | | | Chan | ge 📋 Add | dition |
| NAME | CRAIN, P | | | 1.27 | AME | | | | | | | | |
| STREET ADDRESS | | LONIAL OAKS DR#2B | | 1.3 5 | STREET | ADD | RESS | | | | | | |
| CITY-ST-ZP | PACE, FL | . 00000 | | 1.4 (| CITY-S | ST-ZIF | , | | | | | | |
| TITLE | D | NO 1140014 | DELETE | 2.11 | ITLE | | | | | | ☐ Chan | ge 🔲 Add | dition |
| NAME | | RD, MARCIA | | 221 | IAME | | | | | | | | |
| STREET ADDRESS | 312 ALAE | SAMA SI | | 233 | STREET | ADD | RESS | | | | | | |
| CITY-ST-ZIP | JAY FL | | | 2 4 | CITY S | ST-21 | Р | | | | | | |
| TITLE | D | LI MARIENA | DELETE | 311 | ITLE | | | | | | Chan | ge 📋 Add | dition |
| NAME | | LL, WANDA | | 321 | IAME | | | | | | | | |
| STREET ADDIRESS | | LONIAL OAKS DR #28 | i | 335 | TREET | add 1 | RESS | | | | | | |
| CITY-ST-ZIP | PACE FL | | | 34. | CITY - S | ST - ZI | P | | | | | | |
| TITLE | | | DELETE | 4.1] | ITLE | | | | | | Chan | ge 🔲 Add | dition |
| NAME | | | | 4 2 | NAME | | | | | | | | |
| STREET ADDRESS | | | | 435 | TREET | ADD | RESS | | | | | | |
| CITY-ST-ZIP | | | | | ITY-S | ST - ZIF | 2 | | | | | | |
| TITLE | | | DELETE | 511 | | | | | | | Chan | ge 🔲 Add | dition |
| NAME | | | | 521 | IAME | | | | | | | | |
| STREET ADDRESS | | | | 539 | TREET | ADDI | RESS | | | | | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | CITY-S | ST- Z)F | · | · | | | | | T-0-11 |
| TITL€ | | | DELETE | 617 | ITLE | | | | | | ☐ Chan | ge 🔲 Add | dition |
| NAME | | | | 6.21 | IAME | | | | | | | | |
| STREET ADDRESS | | | | 6.3 5 | TREET | ADDI | RESS | | | | | | |
| CITY-ST-ZIP | | | | 6.4 (| OTY-S | ST - Z18 | <u>, </u> | | | | | | |

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). Fiorida 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 12 if of place of on my statachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 904-994-114:3