

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01562 (0)

1. Corporation Name

COLONIAL ACRES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

9674 N.W. 10TH AVENUE
LOTE #E-515
MIAMI FL 33150

Mailing Address

9674 N.W. 10TH AVENUE
LOTE #E-515
MIAMI FL 33150



3. Date Incorporated or Qualified
02/21/1984

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2483531

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

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

10. Name and Address of New Registered Agent

LOFFREDO, STEPHEN
9999 N.E. 2ND AVENUE, SUITE #216
MIAMI SHORES FL 33138

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

Signature of person named as registered agent (if title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME OK THOMAS, PHYLLIS
STREET ADDRESS 9674 NW 10TH AVE. #E-515
CITY-STATE-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE
NAME OK LAMA, LEONARD
STREET ADDRESS 9674 NW 10TH AVENUE, H-800
CITY-STATE-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE TD ☐ DELETE
NAME OK FITCH, VERNA
STREET ADDRESS 9674 N.W. 10TH AVE. F642
CITY-STATE-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE VPD ☐ DELETE
NAME COSTELLO, BOB
STREET ADDRESS 9674 NW 10TH AVENUE, H-828
CITY-STATE-ZIP MIAMI FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VIVIAN HARDISON
4.3 STREET ADDRESS #F-616
4.4 CITY-STATE-ZIP

TITLE VPD ☐ DELETE
NAME OK VALIQUETTE, MARGOT
STREET ADDRESS 9674 N.W. 10TH AVE. D-405
CITY-STATE-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS THOMAS

DATE

2/5/96

Daytime Phone #

899-3580

CR2E037 (12/95)