FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08724 (9)

1. Corporation Name

THE COLONIAL PINES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2153 COLONIAL AVE. NEVARRE FL 32566	2153 COLONIAL AVE. NEVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1985
3a. Date of Last Report: 03/04/1994
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

VALARI, JOHN
2153 COLONIAL AVE.
NAVARRE FL 32566

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Valari — 2-7-95
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	CD	1.1 TITLE	C D	☑ Change ☐ Addition
NAME	SUMMERS, CHARLES	1.2 NAME	CHARLES FORD.	
STREET ADDRESS	9850 CLOVER CR.	1.3 STREET ADDRESS	2116 MUSKET DRIVE	
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VC	2.1 TITLE	V C	☑ Change ☐ Addition
NAME	GRANT, NEIL	2.2 NAME	RAYMOND HARGREAVES	
STREET ADDRESS	9876 JASMINE CR.	2.3 STREET ADDRESS	9850 PRIMROSE CIRCLE	
CITY-ST-ZIP	NAVARRE FL 32566	2.4 CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	VALARI, JOHN	3.2 NAME		
STREET ADDRESS	2153 COLONIAL AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T	☑ Change ☐ Addition
NAME	VALARI, LOIS	4.2 NAME	KENNETH POPE	
STREET ADDRESS	2153 COLONIAL AVE.	4.3 STREET ADDRESS	2137 COLONIAL AVE	
CITY-ST-ZIP	NAVARRE FL 32566	4.4 CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REED, JACK	5.2 NAME		
STREET ADDRESS	9877 BUTTERCUP CR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	PATTERSON, LOUISE	6.2 NAME	MARIA YRIGOYEN	
STREET ADDRESS	2119 COLONIAL AVE.	6.3 STREET ADDRESS	9855 PRIMROSE CIRCLE	
CITY-ST-ZIP	NAVARRE FL 32566	6.4 CITY-ST-ZIP	NAVARRE FL 32566	

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)(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: John Valari — 2-7-95 — 9049391181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078886