

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 # N08724 (9)
1. Corporation Name
THE COLONIAL PINES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**2153 COLONIAL AVE.
NEVARRE FL 32566**

Mailing Address
**2153 COLONIAL AVE.
NEVARRE FL 32566**

3. Date Incorporated or Qualified
04/16/1985

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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		NOT APPLICABLE		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Country		Country	
24		29		30		30	

9. Name and Address of Current Registered Agent

**VALARI, JOHN
2153 COLONIAL AVE.
NEVARRE FL 32566**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	500001733735
83	-03/06/96--01028--015
84 City	***61.25
85 Zip Code	FL

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *John Valari*

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	CI)
NAME	FORD, CHARLES	1.2 NAME	HARGREAVES, RAYMOND
STREET ADDRESS	2116 MUSKET DRIVE	1.3 STREET ADDRESS	9850 PRIMROSE COURT
CITY-ST-ZIP	NEVARRE FL	1.4 CITY-ST-ZIP	NEVARRE, FL 32566
TITLE	VC	2.1 TITLE	VC
NAME	HARGREAVES, RAYMOND	2.2 NAME	LOWERY, CAL
STREET ADDRESS	9850 PRIMROSE CIRCLE	2.3 STREET ADDRESS	2228 COLONIAL AVE
CITY-ST-ZIP	NEVARRE FL	2.4 CITY-ST-ZIP	NEVARRE, FL 32566
TITLE	S	3.1 TITLE	S
NAME	VALARI, JOHN	3.2 NAME	ALLEN, JUDY
STREET ADDRESS	2153 COLONIAL AVE.	3.3 STREET ADDRESS	2147 MUSKET DRIVE
CITY-ST-ZIP	NEVARRE FL	3.4 CITY-ST-ZIP	NEVARRE, FL 32566
TITLE	T	4.1 TITLE	T
NAME	POPE, KENNETH	4.2 NAME	ROBERTS, DON
STREET ADDRESS	2127 COLONIAL AVE	4.3 STREET ADDRESS	2247 COLONIAL AVE
CITY-ST-ZIP	NEVARRE FL	4.4 CITY-ST-ZIP	NEVARRE, FL 32566
TITLE	D	5.1 TITLE	D
NAME	REED, JACK	5.2 NAME	SHREVE, PAT
STREET ADDRESS	9877 BUTTERCUP CR.	5.3 STREET ADDRESS	9857 PRIMROSE CIRCLE
CITY-ST-ZIP	NEVARRE FL	5.4 CITY-ST-ZIP	NEVARRE, FL 32566
TITLE	D	6.1 TITLE	
NAME	YRIGOYEN, MERLE	6.2 NAME	
STREET ADDRESS	9855 PRIMROSE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEVARRE FL	6.4 CITY-ST-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

01/30/96 (904) 939-8877

Date

Daytime Phone #

CR2E037 (12/95)