

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 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 32566-33253. Date Incorporated or Qualified  
04/16/19853a. Date of Last Report  
03/05/19964. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALARI, JOHN  
2153 COLONIAL AVE.  
NAVARRE FL 32566

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 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 VC ☒ DELETE  
NAME LOWERY, CAL  
STREET ADDRESS 2228 COLONIAL AVE.  
CITY - ST - ZIP NAVARRE FL 325661.1 TITLE VC ☒ Change ☐ Addition  
1.2 NAME HARRIS, BILL  
1.3 STREET ADDRESS 9854 CLOVERLITE  
1.4 CITY - ST - ZIP NAVARRE, FL 32566TITLE CD ☐ DELETE  
NAME HARGREAVES, RAYMOND  
STREET ADDRESS 9850 PRIMROSE CIRCLE  
CITY - ST - ZIP NAVARRE FL 325662.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE S ☒ DELETE  
NAME ALLEN, JUDY  
STREET ADDRESS 2147 MUSKET DR.  
CITY - ST - ZIP NAVARRE FL 325663.1 TITLE S ☒ Change ☐ Addition  
3.2 NAME SACKSTEDER, SARAH  
3.3 STREET ADDRESS 2119 COLONIAL AV  
3.4 CITY - ST - ZIP NAVARRE, FL 32566TITLE T ☐ DELETE  
NAME ROBERTS, DON  
STREET ADDRESS 2247 COLONIAL AVE.  
CITY - ST - ZIP NAVARRE FL 325664.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D ☒ DELETE  
NAME SHREVE, PAT  
STREET ADDRESS 9857 PRIMROSE CIR.  
CITY - ST - ZIP NAVARRE FL 325665.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME FORD, CHOLIC  
5.3 STREET ADDRESS 2116 MUSKET DR  
5.4 CITY - ST - ZIP NAVARRE, FL 32566TITLE D ☒ DELETE  
NAME YRIGOYEN, MERLE  
STREET ADDRESS 9855 PRIMROSE CIRCLE  
CITY - ST - ZIP NAVARRE FL6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME MCCLAIN, MARGARET  
6.3 STREET ADDRESS 2134 MUSKET DR  
6.4 CITY - ST - ZIP NAVARRE, FL 32566

14. I do 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 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

2/1/97

939.8877

CR2E037 (9/96)