

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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 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 *John J. Valari* **2-5-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | VC | <input checked="" type="checkbox"/> DELETE |
| NAME | HARRIS, BILL | |
| STREET ADDRESS | 9854 CLOVER CIR. | |
| CITY-ST-ZIP | NAVARRE FL | |
| TITLE | CD | <input checked="" type="checkbox"/> DELETE |
| NAME | HARGREAVES, RAYMOND | |
| STREET ADDRESS | 9850 PRIMROSE CIRCLE | |
| CITY-ST-ZIP | NAVARRE FL 32566 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | SACKSTEDER, SARAH | |
| STREET ADDRESS | 2199 COLONIAL AVE. | |
| CITY-ST-ZIP | NAVARRE FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | ROBERTS, DON | |
| STREET ADDRESS | 2247 COLONIAL AVE. | |
| CITY-ST-ZIP | NAVARRE FL 32566 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FORD, CHOCK | |
| STREET ADDRESS | 2116 MUSKET DRIVE | |
| CITY-ST-ZIP | NAVARRE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCCLAIN, MARGARET | |
| STREET ADDRESS | 2134 MUSKET DRIVE | |
| CITY-ST-ZIP | NAVARRE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HARRIS, BILL | |
| 1.3 STREET ADDRESS | 9854 CLOVER CIR. | |
| 1.4 CITY-ST-ZIP | NAVARRE, FL. 32566 | |
| 2.1 TITLE | VC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | ROTTIE COON | |
| 2.3 STREET ADDRESS | 9850 PRIMROSE CIR. | |
| 2.4 CITY-ST-ZIP | NAVARRE, FL. 32566 | |
| 3.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | JOY BENDER. | |
| 3.3 STREET ADDRESS | 9870 E. CONCORD CR. | |
| 3.4 CITY-ST-ZIP | NAVARRE, FL. 32566 | |
| 4.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | MICHAEL GREGORY | |
| 4.3 STREET ADDRESS | 9850 W. BURNER HILL CIR. | |
| 4.4 CITY-ST-ZIP | NAVARRE, FL. 32566 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | VAUGHN FAIRBANK | |
| 5.3 STREET ADDRESS | 2135 MUSKET DR | |
| 5.4 CITY-ST-ZIP | NAVARRE, FL. 32566 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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: *Bill Harris* **2/5/98 (850) 939-1581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)