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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08724					
1. Corporation Name THE COLONIAL PINES HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 2153 COLONIAL AVE. NAVARRE FL 32566			Mailing Address 2153 COLONIAL AVE. NAVARRE FL 32566		



2. Principal Place of Business 21 COLONIAL PINES HOME OWNERS ASSOCIATION, INC. Suite, Apt. #, etc.		2a. Mailing Address P.O. Box 6018 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/16/1985	
22. City & State NAVARRE		27. City & State NAVARRE, FL.		4. FEI Number NOT APPLICABLE	
23. Zip 32566		28. Zip 32566		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country USA		29. Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent VALARI JOHN 2153 COLONIAL AVE. NAVARRE FL 32566				10. Name and Address of New Registered Agent GREGORY, MICHAEL P.O. Box 6018 NAVARRE, FL. 32566			
81. Name GREGORY, MICHAEL				82. Street Address (P.O. Box Number is Not Acceptable) 9856 W. BUNKER HILL CIR.			
83. City NAVARRE				84. Zip Code 32566			

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 *Michael Gregory* **DATE** 02-23-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE CD <input checked="" type="checkbox"/> DELETE NAME HARRIS, BILL STREET ADDRESS 9854 CLOVER CIR. CITY-ST-ZIP NAVARRE FL 32566				1.1 TITLE CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME COON, DORTHOY 1.3 STREET ADDRESS 9850 PRIM ROSE CIR. 1.4 CITY-ST-ZIP NAVARRE, FL. 32566			
TITLE VC <input checked="" type="checkbox"/> DELETE NAME COON, DOTTIE STREET ADDRESS 9850 PRIM ROSE CIR CITY-ST-ZIP NAVARRE FL 32566				2.1 TITLE VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME LONG, ALICE 2.3 STREET ADDRESS 215 MUSKET DR. 2.4 CITY-ST-ZIP NAVARRE, FL. 32566			
TITLE S <input checked="" type="checkbox"/> DELETE NAME BENDER, JOY STREET ADDRESS 9870 E CONCORD CR CITY-ST-ZIP NAVARRE FL 32566				3.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME KULHAVIK, NAUCY 3.3 STREET ADDRESS 2114 MUSKET DR 3.4 CITY-ST-ZIP NAVARRE, FL. 32566			
TITLE T <input type="checkbox"/> DELETE NAME GREGORY, MICHAEL STREET ADDRESS 9856 W BUNKER HILL CIR CITY-ST-ZIP NAVARRE FL 32566				4.1 TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME GREGORY, MICHAEL 4.3 STREET ADDRESS 9856 BUNKER HILL CIR. 4.4 CITY-ST-ZIP NAVARRE, FL. 32566			
TITLE D <input checked="" type="checkbox"/> DELETE NAME FAIRBANK, VAUGHN STREET ADDRESS 2138 MUSKET DR CITY-ST-ZIP NAVARRE FL 32566				5.1 TITLE AS <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME CHAREST ROLENE 5.3 STREET ADDRESS 9880 JONAVIL CIR. 5.4 CITY-ST-ZIP NAVARRE, FL. 32566			
TITLE D <input checked="" type="checkbox"/> DELETE NAME MCCLAIN, MARGARET STREET ADDRESS 2134 MUSKET DRIVE CITY-ST-ZIP NAVARRE FL				6.1 TITLE AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME SWEET, MARGARET 6.3 STREET ADDRESS 9879 JOURVILLE CIR 6.4 CITY-ST-ZIP NAVARRE, FL. 32566			

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, with all other like empowered.

SIGNATURE: *Michael Gregory* **SIGNATURE REQUIRED** *Michael Gregory* **DATE** 2-23-99 **DAYTIME PHONE #** (850) 936-9097

CR2E037 (11/98)