


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08926** (0)
1. Corporation Name
COLONIAL COLONY SOUTH HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business 1290 MONTICELLO DR DAYTONA BEACH FL 32119-1559 US	Mailing Address 1290 MONTICELLO DR DAYTONA BEACH FL 32119-1559 US
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3. Date Incorporated or Qualified 04/25/1985
4. FEI Number 59-2530239
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1290 Monticello DR Suite, Apt. #, etc. 22 Daytona Beach FL City & State 23 32119-1559 Zip 24	2a. Mailing Address 26 1290 Monticello DR Suite, Apt. #, etc. 27 City & State 28 Daytona Beach FL Zip 29 32119-1559 Country 30 Volusia
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year's Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, DONNA J. 1290 MONTICELLO DR DAYTONA BEACH FL 32119	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKIEWIEZ, JOSEPHINE	1.2 NAME	Stankiewicz, Josephine
STREET ADDRESS	1288 MONTICELLO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, KEN	2.2 NAME	Gardner, Ken
STREET ADDRESS	1239 PLANTATION PLACE	2.3 STREET ADDRESS	1293 Plantation Place
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Daytona Beach, FL.
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGINN, MARCIA	3.2 NAME	Swift, Edna
STREET ADDRESS	1299 FLINTLOCK DR	3.3 STREET ADDRESS	1262 Valley Forge Dr.
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	Daytona Beach, Fla.
TITLE	DT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DONNA J.	4.2 NAME	Johnson, Donna J.
STREET ADDRESS	1290 MONTICELLO DR	4.3 STREET ADDRESS	1290 Monticello Dr.
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Daytona Beach, Fla.
TITLE	DT	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA JOHNSON	5.2 NAME	Stankiewicz, Joseph
STREET ADDRESS	1290 MONTICELLO DRIVE	5.3 STREET ADDRESS	1288 Monticello Dr.
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	Daytona Beach, Fla.
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EAGLE, JIM	6.2 NAME	Sinz, Anthony
STREET ADDRESS	1267 PATRIOT PLACE	6.3 STREET ADDRESS	1297 Williamsburg Place
CITY-ST-ZIP	DAYTONA BEACH FL 32119	6.4 CITY-ST-ZIP	Daytona Beach, Fla.

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: _____ 4-28-98 944-784-7144

CR2E037 (10/97)