NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N08926 1. Corporation Name

COLONIAL COLONY SOUTH HOMEOWNERS ASSOCIATION, IN

Principal Place of Business 1290 MONTICELLO DR DAYTONA BEACH FL 32119-1559

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1290 MONTICELLO DR DAYTONA BEACH FL 32119-1559

26

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90186 012 ****61.25



Date incorporated or Qualifed

04/25/1985

		Coite And H ata			4. FEI Number	Apr	olied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2530239		Applicable
22		27			39 2000200	\$8.75 A	
City & Stat	e	City & State			5. Certificate of Status Desired	⊅0.7 ⊃ A Fee Red	
23		28					
Zip	Country	Zip	_ Country		6. Election Campaign Financing	\$5.00 t	-
24	25	29 30	0		Trust Fund Contribution	Added to) Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	iered Agent	
	7 7 7		81	Name			
JOHNSON, DONNA J.				Street Addre	ess (P.O. Box Number is Not Acceptable)		
1290 MONTICELLO DR				Oli Col Madic	(
DAYTONA BEACH FL 32119							
			84	City		FL 85 Zip C	ode
		LOAT ATOO Flying Chapters	455	anned corne	pration submits this statement for the purpo		registered
office or r	paietored agent or both in the State o	of Florida, Suich change was auth	nonzea by	tne corporatio	n's board of directors. I hereby accept the	appointment as rec	jistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Florida	a Statutes				
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent		• -	beniuper erutangia tr	i milet i on locating)	ATE	DC (N 42
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DP	☐ DELETE	1.1 TITLE	205	5	Change	Addition
NAME	STANKIEWICZ, JOSEPHINE	ļ	1.2 NAME	KA	Therine Brook	S	
STREET ADDRESS	1288 MONTICELLO DR	ļ	1.3 STREET	ADDRESS 12	84 MONTICELLODA	<u>.</u> .	
CITY-ST-ZIP	DAYTONA BEACH FL	ļ	1.4 CITY-S	T-ZIP	ytona Beach, Fl.	22/119	
TITLE	DATIONA BEACHTE	☐ DELETE	2.1 TITLE	Б	7	☐ Change	Addition
NAME	GARDNER, KEN	ļ	2.2 NAME		INAS, WIFT		
		:	2.3 STREE	TADDESS / 2	62 VALLEY FORGE LYTONA BEACH FI	- -	
STREET ADDRESS	1239 PLANTATION PLACE			7 70	Witten a Beach El	32119	
CITY-ST-ZIP	DAYTONA BEACH FL	DELETE	2. 4 CITY-S 3.1 TITLE	11-211	AYTONA WEALT PI	Change	Addition
TITLE	DS	PA DETE IE		D. 1	EMMETT ROBERTS	⊃ — ———————————————————————————————————	
NAME	MCGINN, MARCIA		3.2 NAME	12	76 Patriot PL.		
STREET ADDRESS	1299 FLINTLOCK DR		3.3 STREE	TADDRESS .			
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-S	T-ZIP D/	ytona Beach Fl	_32119	
TITLE	DTVP	☐ DELETÉ	4.1 TITLE	ŀ		☐ Change	Addition
NAME	JOHNSON, DONNA J.		4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-S	T-ZIP		_	
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	STANKIEWICZ, JOSEPH	_ ·	5.2 NAME				
			5.3 STREE	T ADDRESS			
STREET ADDRESS	1000		5.4 CITY-S				
CITY-ST-ZIP	DAYTONA BEACH FL	☐ DELETE	6.1 TITLE	1-41		Change	Addition
TILE · ·	D	⊢1 DELETE					~
NAME	EAGLE, JIM		6.2 NAME	•			
CYPICET ADDRESS	l		6.3 STREE	T ADDRESS			

DAYTONA BEACH FL 32119 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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 1267 PATRIOT PLACE