FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N09858

Country

1. Corporation Name

COLONIAL COLONY NORTH HOMEOWNERS ASSOCIATION. IN C.

Principal Place of Business
C/O JEAN V. REYNAERTS
899 E COLONIAL CIR.
DAYTONA BEACH FL 32117
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

C/O JEAN V. REYNARTS 899 E. COLONIAL CIR. DAYTONA BEACH FL 32117

Suite, Apt. #, etc.

2a. Mailing Address

City & State

26

27

28

Zip

FILED Mar 11, 1999 8:00 am § Secretary of State

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*	2	219138 - 90135 - 24	-	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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1 18811181 811 88118 18181	JEFEL SFIAT IALL BIBRE DIALE BEBEL	Stert arats Bratt faa

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/19/1985

59-2518103

4. FEI Number

24	25	29	30	10		Trust Fund Contribution	Added to	Fees	
9. Name and Address of Current Registered Agent				1		10. Name and Address of New Regis	tered Agent		
				81	Name	•			
DEVALENTO ITALLY				82 Street Address (P.O. Box Number is Not Acceptable)					
REYNAERTS, JEAN V.				82	SueerA	duless (P.O. Box Number is Not Acceptable)			
899 E. COLONIAL CIR. DAYTONA BEACH FL 32117				83					
DATIONA	BEAUTIFL 32117						Table 4: 6	- -	
				84	City	·	FL 85 Zip Ci	ode ;	
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			GIOTE, D. Jane			Disad when rejectation)	ATE .	1	
12.	Signature, typed or printed name of registered as	ND DIRECTORS	(NOTE: Registere		t signature rec	Quired when reinstating) Di ADDITIONS/CHANGES TO OFFICE		RS IN 12	
	PD OFFICERS A	DEL		TTLE			Change	Addition	
TITLE	• -			AME	- 1				
NAME	RUDERT, DONALD				ADDRESS			ļ	
STREET ADDRESS	***								
CITY-ST-ZIP	DAYTONA BEACH FL	□ DEL		TILE	-ZBP		☐ Change	Addition	
TITLE	VPD						□ •····•	,	
NAME	SWENSON, EDITH			LAME			•	}	
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-S	T-ZIP		Change	Addition	
TITLE	SD	☐ DEL	I	TTLE			□ Orlango	L: Addition	
NAME	REYNAERTS, JEAN V.			NAME	- }				
STREET ADDRESS	***		3.3 8	TREET	ADDRESS		*	1	
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-S	T-ZIP		Channe	- Addition	
TITLE	TD	☐ DEL	ETE 4.11	ITLE]	•	Change	Addition	
NAME	CARBULON, LUCILLE		4.2	NAME				1	
STREET ADDRESS	820 W COLONIAL CIR		4.3 5	TREET	ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL			CITY-ST	r-ZiP				
TITLE	D	DEL		TLE	ļ		☐ Change	☐ Addition	
NAME	DEVROU, BARBARA		5.21	AME					
STREET ADDRESS	910 N. COLONIAL CIR.		5.3 5	TREET	ADORESS			}	
CITY-ST-ZIP	DAYTONA BCH. FL			CITY-S1	r-zip				
TITLE		☐ DÉL	ETE 6.1	MLE	T		· Change	Addition	
NAME			6.21	NAME		•		1	
STREET ADDRESS			6.3 5	TREET	ADDRESS			ł	
CITY-ST-ZIP				STY-S1					
14. I hereby	certify that the information supplied	with this filing does not qu	alify for the ex	empti	on stated	in Section 119.07(3)(i), Florida Statutes. I furti	her certify that the in	formation	

Country

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.

TEQUIRED LEAN