# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13292 (0)

1. Corporation Name

COLONY IN THE WOOD HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4000 SOUTH CLYDE MORRIS BLVD.<br>DAYTONA BEACH FL 32119 | 4000 SOUTH CLYDE MORRIS BLVD.<br>DAYTONA BEACH FL 32119 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1986
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2891606 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

HUTCHINS, JOAN E
38 CEDAR IN THE WOOD
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name SD FOX, NANCY
82 Street Address (P.O. Box Number is Not Acceptable) 32 BAY IN THE WOOD
83 DAYTONA BEACH
84 City FLORIDA FL 85 Zip Code 32119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE NANCY A. FOX SD. x Nancy A. Fox 3/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | GUILE, JOHN | 1.2 NAME | ZITER, DONALD | |
| STREET ADDRESS | 66 CEDAR IN THE WOOD | 1.3 STREET ADDRESS | 48 OAK IN THE WOOD | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 1.4 CITY-ST-ZIP | DAYTONA BEACH, FLORIDA 32119 | |
| TITLE | SD | 2.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | HUTCHINS, JOAN E | 2.2 NAME | FOX, NANCY | |
| STREET ADDRESS | 38 CEDAR IN THE WOOD | 2.3 STREET ADDRESS | 32 BAY IN THE WOOD | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 2.4 CITY-ST-ZIP | DAYTONA BEACH, FLORIDA 32119 | |
| TITLE | TD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PLUMMER, ROBERT | 3.2 NAME | | |
| STREET ADDRESS | 88 SPRUCE IN THE WOOD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | 4.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | DECAMARA, DONALD | 4.2 NAME | JADGE, CHARLES | |
| STREET ADDRESS | 36 OAK IN THE WOOD | 4.3 STREET ADDRESS | 53 MAPLE IN THE WOOD | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 4.4 CITY-ST-ZIP | DAYTONA BEACH, FLORIDA 32119 | |
| TITLE | VD | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MORAN, FRANCIS | 5.2 NAME | | |
| STREET ADDRESS | 61 OAK IN THE WOOD | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert M. Plummer ROBERT M. PLUMMER 3/8/95 904-760-2203
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER

0025609