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 APR 27 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18683 (5)

1. Corporation Name

THE COLONNADES RESIDENT'S CLUB, INC.

Principal Place of Business	Mailing Address
4800 COLONNADES CLUBBLVD. LAKELAND FL 33811 US	4800 COLONADES CLUB BLVD. LAKELAND FL 33811 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1987
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2835910 ☐ 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 COLONNADES RESIDENTS CLUB	26 4810 COLONNADES CLUB BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LAKELAND, FL	28 City & State: LAKELAND, FL
24 Zip: 33811 25 Country: USA	29 Zip: 33811 30 Country: USA

9. Name and Address of Current Registered Agent

WOLFE, JOYCE
4991 PLEASANT HOLLOW TRAIL
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name: WOLFE, JOYCE
82 Street Address (P.O. Box Number Is Not Acceptable): 4991 PLEASANT HOLLOW TRAIL
83
84 City: LAKELAND FL 85 Zip Code: 33811

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: Joyce Wolfe Joyce Wolfe 4/19/95
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	WOLFE, JOYCE	1.2 NAME	WOLFE, JOYCE
STREET ADDRESS	4991 PLEASANT HOLLOW TRAIL	1.3 STREET ADDRESS	4991 PLEASANT HOLLOW TRAIL
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	PURDY, HAROLD	2.2 NAME	BUSSE, DOROTHY
STREET ADDRESS	4907 GOLDEN VIEW LANE	2.3 STREET ADDRESS	1637 MEMORY LANE
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	LOFGREN, PETER	3.2 NAME	OLLO, BEA
STREET ADDRESS	4953 PLEASANT HOLLOW TRAIL	3.3 STREET ADDRESS	1666 BIRCHWOOD LOOP
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	BOYETT, LLOYD	4.2 NAME	BLAZOVICH, BARBARA
STREET ADDRESS	4789 SQUIRE HOLLOW DRIVE	4.3 STREET ADDRESS	4801 SQUIRE HOLLOW DR
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SMITH, SHERWOOD	5.2 NAME	BOYETT, LLOYD
STREET ADDRESS	4859 COLONNADES CLUB BLD	5.3 STREET ADDRESS	4789 SQUIRE HOLLOW DR
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	HEINZELMANN, MARGERY	6.2 NAME	HEINZELMANN, MARGERY
STREET ADDRESS	4960 GOLDEN VIEW LANE	6.3 STREET ADDRESS	4960 GOLDENVIEW LANE
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	LAKELAND, FL 33811

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)(k), 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: Barbara L. Blazovich BARBARA L. BLAZOVICH 4/12/95 (813) 648-7164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067267