

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18683 (5)

1. Corporation Name

THE COLONNADES RESIDENT'S CLUB, INC.



Principal Place of Business

**COLONNADES REISIDENTS CLUB
LAKELAND FL 33811
US**

Mailing Address

**4800 COLONNADES CLUB BLVD
LAKELAND FL 33811
US**

3. Date Incorporated or Qualified
01/09/1987

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2835910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFE, JOYCE
4991 PLEASANT HOLLOW TRAIL
LAKELAND FL 33811**

81 Name

CARMELA SANDELL

82 Street Address (P.O. Box Number is Not Acceptable)

4883 Leisurewood Lane

83

Lak

84 City

Lakeland

FL

85 Zip Code

33811

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

Carmela Sandell

4/29/96

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PT TRUSTEE** ☐ DELETE
NAME **WOLFE, JOYCE**
STREET ADDRESS **4991 PLEASANT HOLLOW TRAIL**
CITY-ST-ZIP **LAKELAND FL**
Change title

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **CARMELA SANDELL**
1.3 STREET ADDRESS **4883 Leisurewood Lane**
1.4 CITY-ST-ZIP **Lakeland, FL**

TITLE **VPD** ☐ DELETE
NAME **BUSSE, DOROTHY**
STREET ADDRESS **1637 MEMORY LANE**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE **SECRETARY** ☒ Change ☐ Addition
2.2 NAME **MARIE WARREN**
2.3 STREET ADDRESS **4979 Pleasant Hollow Trail**
2.4 CITY-ST-ZIP **Lakeland, FL 33811**

TITLE **SD** ☒ DELETE
NAME **OLLO, BEA**
STREET ADDRESS **1666 BIRCHWOOD LOOP**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE **TREASURER** ☒ Change ☐ Addition
3.2 NAME **RICHARD POWERS**
3.3 STREET ADDRESS **1631 Colonnades Circle North**
3.4 CITY-ST-ZIP **Lakeland, FL 33811**

TITLE **PT TRUSTEE** ☐ DELETE
NAME **BLAZOVICH, BARBARA**
STREET ADDRESS **4801 SQUIRE HOLLOW DRIVE**
CITY-ST-ZIP **LAKELAND FL**
Change Title

4.1 TITLE **TRUSTEE** ☒ Change ☐ Addition
4.2 NAME **BILL MCCABE**
4.3 STREET ADDRESS **4928 Goldenview Lane**
4.4 CITY-ST-ZIP **Lakeland FL 33811**

TITLE **D** ☒ DELETE
NAME **BOYETT, LLOYD**
STREET ADDRESS **4789 SQUIRE HOLLOW DRIVE**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HEINZELMANN, MERGERY**
STREET ADDRESS **4960 GOLDENVIEW VANE**
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: *Carmela Sandell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMELA SANDELL

4/29/96 **941-46-7018**
Date Day, Time Phone #

CR2E037 (12/95)