

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra D. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33641 (4)
 1. Corporation Name
COLONY PARK COMMUNITY ASSOCIATION, INC.

Principal Place of Business 2630-A N.W. 41ST STREET GAINESVILLE FL 32604-6820	Mailing Address P.O. Box 1231 GAINESVILLE FL 32604 05
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**APPROVED
AND
FILED**

 95 MAY -1 AM 11:51

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. Box 1231</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>GAINESVILLE, FL.</i>
Zip 24	Country 25
29 <i>32602</i>	30 <i>U.S.A.</i>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2969044	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	

9. Name and Address of Current Registered Agent FERNANDEZ, GARY (same registered agent, only incorrect spelling of last name) 2630-A N.W. 41ST ST. GAINESVILLE FL FL 32606		10. Name and Address of New Registered Agent 81 Name GARY FRIEDLANDER 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FRIEDLANDER, GARY	11 TITLE ☐ Change ☐ Addition	
NAME		12 NAME	
STREET ADDRESS 2630-A N.W. 41ST. ST. GAINESVILLE FL		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE VD	DIAZ, LUIS A.	21 TITLE D ☐ Change ☐ Addition	
NAME		22 NAME MORGAN, CAROLYN	
STREET ADDRESS 2630-A N.W. 41ST. ST. GAINESVILLE FL		23 STREET ADDRESS 2630 A NW 41 ST. GAINESVILLE, FL.	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE VD	BROWN, MYRON	31 TITLE D ☐ Change ☐ Addition	
NAME		32 NAME	
STREET ADDRESS 2630-A N.W. 41ST. ST. GAINESVILLE FL		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE D	POWERS, CURTIS A.	41 TITLE ☐ Change ☐ Addition	
NAME		42 NAME	
STREET ADDRESS 2630-A N.W. 41ST ST. GAINESVILLE FL		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE D	STEIN, BORIS	51 TITLE ☐ Change ☐ Addition	
NAME		52 NAME	
STREET ADDRESS 2630-A NW 41ST ST GAINESVILLE FL		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE ☐ Change ☐ Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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: *Gary Friedlander* **3/23/95** **904-372-3456**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MR. GARY FRIEDLANDER, PRESIDENT CACA.