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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

T	1996			etary of State F CORPORATIONS				
DOC 1. Corpora	UMENT # N	33641	(4)					
COL	ONY PARK COMMUN	NITY ASSOCIATIO	N, INC.					
Principal Pl	lace of Business	Mart	A.1.					
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GAINESVI	LW. 41ST STREET ILLE FL 32604-6620		BOX 1231 IESVILLE FL 32 50 0	2				
2. Principal	Place of Business	2n Mo	ling Add			ate Incorporated or Qualified 08/07/1989	3a. Date of L. 05/0	ast Report 1/1995
21		26	iling Address		4. FE	Number FO 0000044		Applied For
	pt. #, etc.		te, Apt. #, etc.			59-2969044		Not Applicable
City & St	toto	27			5. Ge	ertificate of Status Desired		75 Additional
23	IAIO	<u> </u>	& State		6. Ele	ection Campaign Financing		e Required
Zip	Country	28 Zip			Tru	ust Fund Contribution		.00 May Be ded to Fees
24	25	29		Country 30	B. Thi	is corporation has liability for in	ntangible tax under	s. 199,032.
	9. Name and Address	of Current Registered	Agent	[30]	, Ho	rida Statutes	Yes [No	
				81 Nam	0, 142	me and Address of New Re	gistered Agent	
FRIED	LANDER, GARY			82 Stree				
2630-A	N.W. 41ST ST.			oz Stree	: Address (P.O. E	Box Number is Not Acceptable	9)	
GAINE	SVILLE FL FL 32606			83				
				84 City		· · · · · · · · · · · · · · · · · · ·		-1
11. Pursuani	t to the provisions of Sections	617 0600 and 047 450		/				Zip Code
familiar v	with, and accept the obligation	ate of Florida, Such chan	ge was authorize	s, the above-hamed i d by the corporation'	corporation submission board of directors	its this statement for the purpors. I hereby accept the appoir	ose of changing its	registered office
SIGNATURE	Signature, typed or printed name of rec	gistered agent and little if applicable	o. (NOTe	 trie above-named in the corporation in		its this statement for the purpors. I hereby accept the appoir	as registere	s registered office ed agent. I am
SIGNATURE	Signature, typed or printed name of rec		o. (NOTE	E: Registered Agent signature	required when reinstating	ng)	DATE	ou agent. I am
SIGNATURE 12. TITLE	Signature, typed or printed name of rog OFFII	gistered agent and little if applicable	o. (NOTe	E: Registered Agent signature 13. 1.1 TITLE	required when reinstating	or year of the cippon	DATE	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of rec OFFII PD FRIEDLANDER, GARY	gislared agent and little if applicable CERS AND DIRECTORS	o. (NOTE	13. 1.1 TITLE 1.2 NAME	required when reinstating	ng)	DATE ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of rec OFFII PD FRIEDLANDER, GARY	gislared agent and little if applicable CERS AND DIRECTORS	o. (NOTE	13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating	ng)	DATE ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP UTLE	Signature, typed or printed name of reconstruction of FRIEDLANDER, GARY 2630-A N.W. 41ST. S GAINESVILLE FL	gistered agent and little if applicable CERS AND DIRECTORS T.	o. (NOTE	13. 1.1 TITLE 1.2 NAME	required when reinstating	ng)	DATE ERS AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of reconstruction of FRIEDLANDER, GARY 2630-A N.W. 41ST. S GAINESVILLE FL D MORGAN, CAROLYN	gistered agent and little if applicable CERS AND DIRECTORS	2. (NOTE:	13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	required when reinstating ADD	(9) DITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP UTLE VAME STREET ADDRESS	Signature, typed or printed name of roy OFFI PD FRIEDLANDER, GARY 2630-A N.W. 41ST. S GAINESVILLE FL D MORGAN, CAROLYN 2630 A NW 41TH ST	gistered agent and little if applicable CERS AND DIRECTORS	2. (NOTE:	E. Rogistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	required when reinstating ADD	ng)	DATE ERS AND DIRECT Change	ORS IN 12
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oath; that I am an officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed of on an attackment with an address.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 352-468-1981
Date Destrict Proce #