

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32604-6620	Mailing Address P O BOX 1231 GAINESVILLE FL 32502 US
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3. Date Incorporated or Qualified 08/07/1989
4. FEI Number 59-2969044
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 P.O. Box 86	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melrose, FL	City & State 26
Zip 24 32666	Country 25 USA
	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent FRIEDLANDER, GARY 2630-A N.W. 41ST ST. GAINESVILLE FL FL 32606	
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10. Name and Address of New Registered Agent	
81 Name Tina J. Smith	
82 Street Address (P.O. Box Number is Not Acceptable) 1615 Hampton Street	
83 P.O. Box 86	
84 City Melrose	85 Zip Code FL 32666

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **3-10-98**

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME FRIEDLANDER, GARY	
STREET ADDRESS 2630-A N.W. 41ST. ST.	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BRICE, CARLA	
STREET ADDRESS 2630 A NW 41TH ST	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BROWN, MYRON	
STREET ADDRESS 2630-A N.W. 41ST. ST.	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME POWERS, CURTIS A.	
STREET ADDRESS 2630-A N.W. 41ST ST.	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME STEIN, BORIS	
STREET ADDRESS 2630-A NW 41ST ST	
CITY-ST-ZIP GAINESVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Reynolds, Richard	
1.3 STREET ADDRESS 1615 NW 16th Dr.	
1.4 CITY-ST-ZIP Gainesville, FL 32605	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Friedlander, Gary	
2.3 STREET ADDRESS 1741 NW 17th LN	
2.4 CITY-ST-ZIP Gainesville, FL 32605	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Samuels, Mona	
3.3 STREET ADDRESS 1631 NW 16th Dr	
3.4 CITY-ST-ZIP Gainesville, FL 32605	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME McCurdy, Sue	
4.3 STREET ADDRESS 1715 NW 16th Dr.	
4.4 CITY-ST-ZIP Gainesville, FL 32605	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Tarbox, Gilette	
5.3 STREET ADDRESS 1734 NW 17th LN	
5.4 CITY-ST-ZIP Gainesville, FL 32605	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/10/98**

CR2E037 (10/97)