

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33641

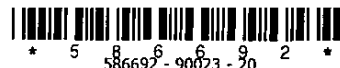
1. Corporation Name
COLONY PARK COMMUNITY ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 86
MELROSE FL 32666
US

Mailing Address
P.O. BOX 86
GAINESVILLE FL 32602
US

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90023 020 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Po Box 86		08/07/1989	
2 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
3 Zip		28 Melrose, FL		59-2969044	
4 Country		29 32666		5. Certificate of Status Desired	
25		30 US		6. Election Campaign Financing	
				Trust Fund Contribution	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SMITH, TINA J.
6115 HAMPTON STREET
P.O. BOX 86
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 (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	D	DELETED		1.1 TITLE	Change Addition		
NAME	FRIEDLANDER, GARY			1.2 NAME			
STREET ADDRESS	1761 NW 17TH LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			1.4 CITY-ST-ZIP			
TITLE	PD	DELETED		2.1 TITLE	Change Addition		
NAME	REYNOLDS, RICHARD			2.2 NAME			
STREET ADDRESS	1615 NW 16TH DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			2.4 CITY-ST-ZIP			
TITLE	D	DELETED		3.1 TITLE	Change Addition		
NAME	SAMUELS, MARIA			3.2 NAME			
STREET ADDRESS	1631 NW 16TH DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			3.4 CITY-ST-ZIP			
TITLE	D	DELETED		4.1 TITLE	Change Addition		
NAME	MCCURDY, SUE			4.2 NAME			
STREET ADDRESS	1715 NW 16TH DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			4.4 CITY-ST-ZIP			
TITLE	D	DELETED		5.1 TITLE	Change Addition		
NAME	TARBOX, GILLETTE			5.2 NAME			
STREET ADDRESS	1734 NW 17TH LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			5.4 CITY-ST-ZIP			
TITLE		DELETED		6.1 TITLE	Change Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (5/99)