

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N39604** (6)  
1. Corporation Name  
**COLINES VERDE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>6585 DILLMAN ROAD WEST PALM BEACH FL 33413</b>	Mailing Address <b>C/O FRN CON 15933 CLAYTON ROAD BALLWIN MO 63011-2146 US</b>
--	---

3. Date Incorporated or Qualified <b>08/03/1990</b>	3a. Date of Last Report <b>08/25/1996</b>
4. FEI Number <b>65-0208397</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---	--

9. Name and Address of Current Registered Agent

**DUDE, HARALD  
6585 DILLMAN ROAD EXTENSION  
WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent

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

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	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>KOCHANNECK, JUERGEN</b>
STREET ADDRESS	<b>2634 VALLEY ROAD</b>
CITY - ST - ZIP	<b>CHESTERFIELD MO</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>ZEHNER, ALBERT A</b>
STREET ADDRESS	<b>1417 CARMEN VALLEY DRIVE</b>
CITY - ST - ZIP	<b>MANCHESTER MO</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>TEPPER, JIM</b>
STREET ADDRESS	<b>15933 CLAYTON ROAD</b>
CITY - ST - ZIP	<b>BALLWIN MO</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, PEGGY H</b>
STREET ADDRESS	<b>4506 MARYLAND AVENUE</b>
CITY - ST - ZIP	<b>ST LOUIS MO</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do 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.

SIGNATURE: *[Signature]* **4/25/97 (314) 391-6700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)