

FILE NOW: FILING FEE IS \$61.25

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Mar 23 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 # **N39604** (6)
1. Corporation Name
COLINES VERDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 6585 DILLMAN ROAD WEST PALM BEACH FL 33410	Mailing Address C/O FRN-CON 15933 CLAYTON ROAD BALLWIN MO 63011 US
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3. Date Incorporated or Qualified 08/03/1990	
4. FEI Number 65-0208397	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2802 TERRA CEIA BAY Suite, Apt. #, etc. 22 City & State 23 PALMETTO FL Zip 24 34221 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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 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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
~~DUDE, HAROLD~~
~~6585 DILLMAN ROAD EXTENSION~~
~~WEST PALM BEACH FL 33410~~

10. Name and Address of New Registered Agent 81 Name LUKE P. WOLF 82 Street Address (P.O. Box Number is Not Acceptable) 2802 TERRA CEIA BAY BLVD. 83 84 City PALMETTO FL 85 Zip Code 34221
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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 **LUKE P. WOLF**
Signature, typed or printed name of registered agent and title if applicable

Luke Wolf
(NOTE: Registered Agent signature required when reinstating)

3/13/98
DATE

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

3/5/98 (314) 391-4546

CR2E037 (10/97)