


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90015 014 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39604**

1. Corporation Name

**COLINES VERDE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

2802 TERRA CIEA BAY  
PALMETTO FL 34221  
US

Mailing Address

C/O FRN-CON  
15933 CLAYTON ROAD  
BALLWIN MO 63011  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/03/1990	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0208397	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WOLF, LUKE  
2802 TERRA CIEA BAY BLVD  
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name **THOMAS M. MCCARTNEY**  
82 Street Address (P.O. Box number is not acceptable) **2802 TERRA CIEA BAY BLVD.**  
83 **PALMETTO**  
84 City **FL** 85 Zip Code **34221**

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

*T. M. McCartney*  
Signature, typed or printed name of registered agent and date if applicable.

**T. M. MCCARTNEY**  
(NOTE: Registered Agent signature required when reinstating)

**4-21-99**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOCHANNECK, JUERGEN</b>	1.2 NAME	
STREET ADDRESS	<b>2634 VALLEY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEHNER, ALBERT A</b>	2.2 NAME	
STREET ADDRESS	<b>1417 CARMEN VALLEY DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANCHESTER MO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEPPER, JIM</b>	3.2 NAME	
STREET ADDRESS	<b>15933 CLAYTON ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BALLWIN MO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, PEGGY H</b>	4.2 NAME	
STREET ADDRESS	<b>4506 MARYLAND AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/99** **(314) 391-4560**  
Date Daytime Phone #

CR2E037 (11/98)