

FILE NOW: FILING FEE IS \$61.25

"Amended AR"

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED

99 SEP 13 PM 3:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N39604 AMENDED

1. Corporation Name

Colines Verde Homeowners Association, Inc.

Principal Place of Business

(See Below)

Mailing Address

(See Below)

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. 12820 Leeds Court		26. 12820 Leeds Court		08-03-1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22.		27.		65-0208397	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Wellington, FL		28. Wellington, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24. 33414		29. 33414		30. Palm Beach	

9. Name and Address of Current Registered Agent

**Thomas M. McCartney
2802 Terra Ceia Bay Boulevard
Palmetto, Florida 34221**

10. Name and Address of New Registered Agent

81. Name	Linda Moore
82. Street Address (P.O. Box Number is Not Acceptable)	12820 Leeds Court
83.	
84. City	Wellington, FL
85. Zip Code	33414

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

Linda Moore

9.9.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	VPD <input checked="" type="checkbox"/> DELETE	11. TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHANNECK, JUERGEN	12. NAME	GAYE SCARPA
STREET ADDRESS	2634 VALLEY ROAD	13. STREET ADDRESS	1401 COCOANUT ROAD
CITY-STATE-ZIP	CHESTERFIELD, MO 63005	14. CITY-ST-ZIP	BOCA RATON, FLORIDA 33432
FILE	PD <input checked="" type="checkbox"/> DELETE	21. TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEHNER, ALBERT A.	22. NAME	ARTHUR O'BRIEN
STREET ADDRESS	1417 CARMEN VALLEY DRIVE	23. STREET ADDRESS	3003 TRINITY COURT
CITY-STATE-ZIP	MANCHESTER, MO 63021	24. CITY-ST-ZIP	CHESTER SPRINGS, PA 19425
FILE	TD <input checked="" type="checkbox"/> DELETE	31. TITLE	DS/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEPPER, JIM	32. NAME	LINDA MOORE
STREET ADDRESS	15933 CLAYTON ROAD	33. STREET ADDRESS	12820 LEEDS COURT
CITY-STATE-ZIP	BALLWIN, MO 63022-0100	34. CITY-ST-ZIP	WELLINGTON, FLORIDA 33414
FILE	S <input checked="" type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, PEGGY H	42. NAME	
STREET ADDRESS	4506 MARYLAND AVENUE	43. STREET ADDRESS	
CITY-STATE-ZIP	ST. LOUIS, MO 63108	44. CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-ST-ZIP	

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S. PAYNE SEP 14 1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.9.99

Date

Daytime Phone #

561-792-2844

CR2E037 (1/98)