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Mar 10 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48352 (1)
1. Corporation Name
COLLINS LAKES ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O JEANNETTE PELLAND 5465 CORKY COURT JACKSONVILLE FL 32244 US
C/O JEANNETTE PELLAND 5465 CORKY COURT JACKSONVILLE FL 32244-5328 US

3. Date Incorporated or Qualified 04/14/1992
3a. Date of Last Report 04/15/1996
4. FEI Number 59-3125688 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
PELLAND, JEANNETTE
5465 CORKY COURT
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELLAND, JEANNETTE	
STREET ADDRESS	5465 CORKY COURT	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIRLEY, JIM	
STREET ADDRESS	8056 PINE VERDE LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, DEREK	
STREET ADDRESS	8142 PINE VERDE LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPADEA, DEBBIE	
STREET ADDRESS	8176 MUNCHKIN COURT	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lynn Shirley	
1.3 STREET ADDRESS	8056 Pineverde Ln	
1.4 CITY - ST - ZIP	JAX, FL 32244	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Winsor	
2.3 STREET ADDRESS	8079 Pineverdeln	
2.4 CITY - ST - ZIP	JAX, FL 32244	
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: *Jeannette Pelland* JEANNETTE PELLAND 3-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006493

CR2E037 (9/96)