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FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N49491 (6)**

1. Corporation Name

**COLONIAL CROSSINGS RETENTION AREA MAINTENANCE AS
SOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O EZON INC
1900 EXETER RD.
GERMANTOWN TN 38138
US

C/O EZON, INC.
1900 EXETER RD.
GERMANTOWN TN 38138-2935
US

3. Date Incorporated or Qualified
06/22/1992

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

1100 5th Ave S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Suite 401

City & State

City & State

23

Naples, FL

Zip

Country

Zip

Country

24

25

29

34102

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUDOBA, STEPHEN M.
% HILL WARD & HENDERSON P.A.
101 E. KENNEDY BLVD., #3700
TAMPA FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TACKETT, JACK | |
| STREET ADDRESS | 1900 EXETER ROAD | |
| CITY-ST-ZIP | GERMANTOWN TN 38138 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BERG, JEFF | |
| STREET ADDRESS | 1900 EXETER ROAD | |
| CITY-ST-ZIP | GERMANTOWN TN 38138 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VINCENT, TOM | |
| STREET ADDRESS | 1900 EXETER ROAD | |
| CITY-ST-ZIP | GERMANTOWN TN 38138 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | TACKETT, JACK | |
| 1.3 STREET ADDRESS | 701 21st AVE | |
| 1.4 CITY-ST-ZIP | NAPLES, FL 34102 | |
| 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

4412633383

Date

Daytime Phone # 0078544

CR2E037 (9/96)