FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

COLONIAL CROSSINGS RETENTION AREA MAINTENANCE AS SOCIATION, INC.						
Principal Place of Business Mailing Address						i febisiat all hidið iðitt mass landt viði bilði atall a
C/O EZON INC 1900 EXETER RD. GERMANTOWN TN 38138 US		1100 5TH AVE. S. STE. 401 NAPLES FL 34102 US				3. Date Incorporated or Qualified 06/22/1992 4. FEI Number Applied For 62-0933375 Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address 26				Certificate of Status Desired Sa.75 Additional Fee Regulied
Suite, Apt.		Suite, Apt. #, etc.	27			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & State	3	City & State				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No
ZIp Country		Zip Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	30	,		Personal Property Tax due June 30. X Yes No
==1	9. Name and Address of Curre		1001		-	10. Name and Address of New Registered Agent
8					ıme	
HUDOBA, STEPHEN M.				00 0		(D.O. D., Number is black Acceptable)
% HILL WARD & HENDERSON P.A.				82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)
101 E. KENNEDY BLVD., #3700			Ī	83		
TAMPA						
I INMIN			1	64 Cii	ty	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 lamiliar with, and accept the obligations of Section 617.0503, Florida Statutes.						
SIGNATURE _	Signature, typod or printed name of registered a	igeni and title if applicable (NO	TE: Registered	Agent sig	nature require	red when reinstalling) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TIT	1.1 TITLE		☐ Change ☐ Addition
NAME	TACKETT, JACK		1.2 NA	1.2 NAME		Ada S STEllal
STREET ADDRESS	701 21ST AVE		1.3 ST	1.3 STREET ADDRESS //		00 5TH AVE. S. STE 401
CITY-ST-ZIP	NAPLES FL		1.4 CIT	Y-ST-ZIP	- M	APLES FL 34/02 Change Cladition
TITLE	Ď	☐ DELETE	2.1 TIT			
NAME	B erg, Jeff		2.2 NA	2.2 NAME		2 Unit - STE lan
STREET ADDRESS	1900 EXETER ROAD		2.3 ST	2.3 STREET ADDRESS		3 SE 474 51., JIE 100
CITY-ST-ZIP	GERMANTOWN TN 38138		2. 4 CI	2, 4 CITY-ST-ZIP		3 SE YTH ST., STE 100 OCA RATON, FL 33432
TITLE	Ō	DELETE	3.1 111	3.1 TITLE		Change Addition
NAME]	VINCENT, TOM		3.2 NA	3.2 NAME		act who st str lan
STREET ADDRESS	1900 EXETER ROAD		3.3 STREET ADI		iess 3	3 SE 4TH ST. STE 100
CITY-ST-ZIP	GERMANTOWN TN 38138		3.4. CI	TY-ST-ZIF	(2)	OCA RATON, FL 34102
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition
NAME			1	4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP		1 haires		4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE				Citalitie Citation
NAME			5.2 NA			
STREET ADDRESS				REET ADD		
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE					1	Cusalita C vontrion
NAME			6.2 NA			
STREET ADDRESS			6.3 ST	REET ADD	IESS	

14. Thereby 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.

C- L- GV

FILED

May 19 1998 8:00am

Secretary of State