

# N 9600000 2877

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

0000001845760  
-05/31/96--01029--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SUBJECT:** COLONIAL ESTATES HOMEOWNERS' ASSOCIATION, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$70.00<br>Filing Fee | <input type="checkbox"/> \$78.75<br>Filing Fee<br>& Certificate | <input type="checkbox"/> \$122.50<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$131.25<br>Filing Fee,<br>Certified Copy<br>& Certificate |
|---|---|---|---|

**FROM:** CAROL PENROSE  
Name (Printed or typed)

RT. 3, Box 679  
Address

Havana, FL 32333  
City, State & Zip

904-222-3533  
Daytime Telephone number

RECEIVED  
96 MAY 31 PM 9:33  
FILED  
96 MAY 31 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE:** Please provide the original and one copy of the articles

*Call when Ready*  
*5/31/96*

**ARTICLES OF INCORPORATION**

**FILED**

*The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 603, Florida Statutes, adopt(s) the following Articles of Incorporation:*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**Name**

The name of the corporation shall be:

COLONIAL ESTATES HOMEOWNERS' ASSOCIATION, INC.

**ARTICLE II**

**Principal place of business and mailing address**

The principal place of business and mailing address of this corporation shall be:

Rt. 3, Box 679  
Havana, FL 32333

**ARTICLE III**

**Purpose(s)**

The specific purpose(s) for which the corporation is organized is(are):

- To protect the integrity of the neighborhood;
- To provide for the enforcement of the restrictive covenants in a fair and equitable manner;
- To provide for the safety of the residents and non-resident owners

**ARTICLE IV**

**Manner of election of directors**

The manner in which the directors are elected or appointed is as follows:

The method of election of the directors shall be stated in the bylaws.

**ARTICLE V**

**Limitation of corporate powers**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI**

**Initial registered agent and street address**

The name and the street address of the initial registered agent is:

Mr. Michael W. Dugger, Attorney at Law  
249 E. Virginia St.  
Tallahassee, FL 32301

**ARTICLE VII**

**Incorporators**

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Marjorie & David Swindell, P. O. Box 2356, Havana, FL 32333  
Betty & Dave Swindell, Rt. 3, Box 675, Havana, FL 32333  
Carol & Bill Penrose, Rt. 3, Box 679, Havana, FL 32333

The undersigned incorporator has executed these Articles of Incorporation this 30 day of May, 19 96.

(An additional article must be added if an effective date is requested)

Signature of Incorporator:



CAROL PENROSE

Typed name of incorporator signing

Notarization is not required

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1) The name of the corporation is:

Colonial Estates Homeowners' Association, Inc.

2) The name of the registered agent is:

Michael W. Dugger

3) The street address of the registered office is:

249 East Virginia Street  
Tallahassee, Florida 32301

FILED  
96 MAY 31 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION PURSUANT TO SECTION 617.0503, FLORIDA STATUTES, AND OTHER RELEVANT PROVISIONS.

DATED THIS 30 DAY OF May, 19 96, IN Leon,

\_\_\_\_\_ COUNTY, FLORIDA.

  
\_\_\_\_\_  
Signature of Registered Agent