

**FILE NOW: FILING FEE IS \$61.25**

APPROVED  
AND  
FILED

97 AUG 21 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # N96000002877 (6)**

1. Corporation Name  
**COLONIAL ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
RT. 3, BOX 679 HAVANA FL 32333 RT. 3, BOX 679 HAVANA FL 32333-9522

3. Date Incorporated or Qualified **05/31/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 RT #3 Box 720 26 P.O. Box 823  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State HAVANA FL 28 HAVANA FL  
24 Zip 32333 25 Country 29 32333 30 Country

4. FEI Number **59-3451189** 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  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DUGGER, MICHAEL W**  
**249 E. VIRGINIA ST.**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name **JAMES C. PILCHER**  
82 Street Address (P.O. Box Number is Not Acceptable) **COLONIAL DRIVE**  
83 **RT #3 Box 720**  
84 City **HAVANA** FL 85 Zip Code **32333**

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 *James C. Pilcher* **JAMES C. PILCHER (PRESIDENT)** 7/13/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **CAROL PENROSE**  
STREET ADDRESS **RT #3 Box 679**  
CITY-ST-ZIP **HAVANA, FL 32333**  
TITLE  DELETE  
NAME **HENRY BURTON**  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **SECRETARY/TREASURER KATHY HUTCHINS**  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition **PRESIDENT**  
1.2 NAME **JAMES C. PILCHER**  
1.3 STREET ADDRESS **RT #3 Box 720**  
1.4 CITY-ST-ZIP **HAVANA, FL 32333**  
2.1 TITLE  Change  Addition **VICE-PRESIDENT**  
2.2 NAME **MARJORIE SWINDOLL**  
2.3 STREET ADDRESS **P.O. Box 2956**  
2.4 CITY-ST-ZIP **HAVANA, FL 32333**  
3.1 TITLE  Change  Addition **SECRETARY/TREASURER**  
3.2 NAME **NANCY ADAMS**  
3.3 STREET ADDRESS **COLONIAL DRIVE**  
3.4 CITY-ST-ZIP **HAVANA, FL 32333**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS **900002278919-5**  
4.4 CITY-ST-ZIP **08/26/97-01005-003**  
5.1 TITLE **\*\*\*\*\*61.25 \*\*\*\*\*61.25** Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
*U. Alan*  
**8/21/97**

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.

CR2E037 (9/96)