

FILE NOW: FILING FEE IS \$61.25

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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**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State 28 **HAVANA FL**
23 **HAVANA FL** 28 **HAVANA FL**
Zip Country Zip Country
24 **32333** 26 29 **32333** 30

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

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)

U. Alan
8/21/97