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May 01 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000002877 (6)
1. Corporation Name
COLONIAL ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: RT. 3 BOX 720 HAVANA FL 32333
Mailing Address: RT. 3 BOX 720 HAVANA FL 32333

3. Date Incorporated or Qualified: 05/31/1996
4. FEI Number: 65-3451189
Applied For: Not Applicable

2. Principal Place of Business: RT. 3, Box 675
2a. Mailing Address: P.O. Box 823
21. City & State: Havana, FL
22. Suite, Apt. #, etc.:
23. City & State: Havana, FL
24. Zip: 32333
25. Country: USA
26. City & State: P.O. Box 823
27. Suite, Apt. #, etc.:
28. City & State: Havana, FL
29. Zip: 32333
30. Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PILCHER, JAMES C
COLONIAL DRIVE
RT. #3 BOX 720
HAVANA FL 32333

10. Name and Address of New Registered Agent
81. Name: Majorie Swindell
82. Street Address: ~~RT. 3, Box 675~~ RT-3, Box 675
83. City: Havana, FL
84. Zip Code: FL 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: *Majorie G Swindell* DATE: 4/20/98

12. OFFICERS AND DIRECTORS

TITLE: DP	NAME: PILCHER, JAMES C	STREET ADDRESS: RT. #3 BOX 720	CITY-ST-ZIP: HAVANA FL 32333	<input checked="" type="checkbox"/> DELETE
TITLE: DVP	NAME: SWINDELL, MARJORIE	STREET ADDRESS: P.O. BOX 2356	CITY-ST-ZIP: HAVANA FL 32333	<input checked="" type="checkbox"/> DELETE
TITLE: DST	NAME: ADAMS, NANCY	STREET ADDRESS: COLONIAL DRIVE	CITY-ST-ZIP: HAVANA FL 32333	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Swindell, Marjorie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: RT. 3, Box 675	President
1.3 STREET ADDRESS: RT. 3, Box 675	DP
1.4 CITY-ST-ZIP: Havana, FL 32333	
2.1 TITLE: Brenda Selph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: Brenda Selph	
2.3 STREET ADDRESS: Rt 3 Box 680	Vice Pres
2.4 CITY-ST-ZIP: Havana, FL 32333	1 Sec/Treasurer
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS: Unknown	
3.4 CITY-ST-ZIP:	
4.1 TITLE: Pat Spears	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: Pat Spears	Vice-Pres.
4.3 STREET ADDRESS: RT 3 Box 706	DVP
4.4 CITY-ST-ZIP: HAVANA, FL 32333	
5.1 TITLE: 3'10Y 31D's	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE: 600002508748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS: -05/04/98--01012--029	PE
6.4 CITY-ST-ZIP: ***61.25	S'I

14. I 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: *Majorie G Swindell* DATE: 3/2/98 922-7339

CFR2E037 (10/97)