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0009171

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002877

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

496186 - 90208 - 49



Principal Place of Business
RT. 3 BOX 675
HAVANA FL 32333

Mailing Address
P.O. BOX 823
HAVANA FL 32333

2. Principal Place of Business
21 RT 3, BOX 706
22 Suite, Apt. #, etc.
23 Havana, FL
24 32333 25 USA
2a. Mailing Address
26 P.O. Box 823
27 Suite, Apt. #, etc.
28 Havana, FL
29 32333 30 USA
3. Date Incorporated or Qualified
05/31/1996
4. FEI Number
65-3451189
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
SWINDELL, MAJORIE
RT. 3 BOX 675
HAVANA FL 32333
10. Name and Address of New Registered Agent
81 Name Pat Spears
82 Street Address (P.O. Box Number is Not Acceptable) RT 3, BOX 706
83
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 Patricia F. Spears DATE 4/27/99

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SWINDELL, MARJORIE
STREET ADDRESS RT. 3 BOX 675
CITY-ST-ZIP HAVANA FL 32333
TITLE DST
NAME SELPH, BRENDA
STREET ADDRESS RT. 3 BOX 680
CITY-ST-ZIP HAVANA FL 32333
TITLE DV
NAME SPEARS, PAT
STREET ADDRESS RT. 3 BOX 706
CITY-ST-ZIP HAVANA FL 32333
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Pat Spears Change Addition
1.2 NAME
1.3 STREET ADDRESS RT 3, Box 706 President
1.4 CITY-ST-ZIP Havana, FL 32333
2.1 TITLE Secretary/Treasurer Change Addition
2.2 NAME Sandy Ray
2.3 STREET ADDRESS RT 3 BOX 712
2.4 CITY-ST-ZIP Havana, FL 32333
3.1 TITLE Trustee Change Addition
3.2 NAME marjorie Swindell
3.3 STREET ADDRESS RT 3 BOX 675
3.4 CITY-ST-ZIP Havana, FL 32333
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Patricia F. Spears DATE 4/27/99 854/539-1433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)