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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90208 049 \*\*\*\*61.25

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.**

Principal Place of Business

RT. 3 BOX 675  
HAVANA FL 32333

Mailing Address

P.O. BOX 823  
HAVANA FL 32333



496186 - 90208 - 49

2. Principal Place of Business

21 RT 3, BOX 706

Suite, Apt. #, etc.

22 City & State

23 Havana, FL

Zip

24 32333

Country

25 USA

2a. Mailing Address

26 P.O. Box 823

Suite, Apt. #, etc.

27 City & State

28 Havana, FL

Zip

29 32333

Country

30 USA

3. Date Incorporated or Qualified

05/31/1996

4. FEI Number

65-3451189

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

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

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME SWINDELL, MARJORIE  
STREET ADDRESS RT. 3 BOX 675  
CITY-ST-ZIP HAVANA FL 32333

TITLE DST ☒ DELETE  
NAME SELPH, BRENDA  
STREET ADDRESS RT. 3 BOX 680  
CITY-ST-ZIP HAVANA FL 32333

TITLE DV ☐ DELETE  
NAME SPEARS, PAT  
STREET ADDRESS RT. 3 BOX 706  
CITY-ST-ZIP HAVANA FL 32333

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 Pat Spears ☒ Change ☐ Addition  
1.2 NAME RT 3, Box 706  
1.3 STREET ADDRESS HAVANA, FL 32333 President  
1.4 CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/99 854/539-1433

Daytime Phone #

CR2E037 (11/98)