## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta y of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90044 049 \*\*\*158.75

1999

## DOCUMENT # P96000102635

COLONIAL RETIREMENT VILLAGE, INC.

Principal Place of Business Mailing Address				A LINGUIST (I.E. (BILD STILL BELL)			
1450 59TH STREET WEST 1450 59TH STREET WEST							
SUITE 200		SUITE 200					
BRADENTON FL 34209 BRADENTON FL 34209					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		J
					12/20/1996		
Principal Place of Business     Za. Mailing Address					4. FEI Nu nber	Ap	p ied For
21 26					65-0727914	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75	
27					5. Certificate of Status Desired	Fee Re	equired
City & S ate City & State					6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip Country		8. This corporation owes the current year	ır Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	[]No
_	9. Name and Add ess of Current	t Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
VENABLE, JOSEPH P			82	Ctroot A	address (P.O. Box Number is Not Acceptable)		
1400 4TH AVENUE WEST			02	SileerA	logiess (P.O. Box Number is 140t Acceptable)		į
BRADENTON FL 34205			83				
			84	City		FL 85 Zip (	Code .
44 Durawant to the provisions of Scations 607 0502 and 607 1508 Figrida Statutes the				e-named c			ragistered
11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statutes, the above-named exporation 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 cirectors. I hereby accept the appointment as registered							
agent. ⊢am familiar with, and accept the obligations of, Section 607.0505, Flurida Statutes.							
SIGNATURE					(i red when reinstating) DAT		
<del></del>	Signature, typed or printed na ne of registered agen			nt signature rec	qi ired when reinstating) OAT ADDITIONS/CHANGES TO OFFICER:		NES IN 12
12.	PD OFFICERS AN	DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	_			ŧ		[_] ondings	
NAME	222.101.102		1.2 NAME				
STREET ADDRESS	**************************************		1.3 STREE	TADDRESS			
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-S	T-ZIP			
TITLE	SD	, DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	0,10110011, 011E.E.1		2.2 NAME				į
STREET ADDRESS			2.3 STREE	TADDRESS			,
CITY-ST-ZIP	BRADENTON FL 34209		2. 4 CITY-	ST-ZIP			
TITLE	T DELETE 31		3 1 TITLE			☐ Change	☐ Addition
NAME	BENABLE, JOSEPH P		3.2 NAME				
		3.3 STREE	T ADDRESS			ſ	
PRADENTON EL GAGGE		3.4. CITY-	1				
TITLE	U. I. I. DEIT. GTT FE VIEW	☐ DELETE	4.1 TITLE	- 4.11		☐ Change	Addition
							_

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°(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 607, Florida Statutes; and the my name appears in Block 12 or Block 13 if changers, or attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

941 794-6752

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition

CR2E034 (11/98)