

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

FILED

Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000011727 (9)

1. Corporation Name

COLONIAL OAKS APARTMENTS, INC.

Principal Place of Business

1620 W. UNIVERSITY AVENUE  
SUITE 4  
GAINESVILLE FL 32603

Mailing Address

1620 W. UNIVERSITY AVENUE  
SUITE 4  
GAINESVILLE FL 32603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 105 NW 16th St

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26 PO Box 13116

Suite, Apt. #, etc.

27 City & State

28 Gainesville FL

Zip

29 32604

Country

30

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3432524

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

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

COLLIER, NATHAN S  
1620 W. UNIVERSITY AVENUE  
SUITE 4  
GAINESVILLE FL 32603

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

105 NW 16th Street

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

NATHAN S. COLLIER

3/24/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COLLIER, NATHAN S  
1620 W. UNIVERSITY AVENUE, #4  
GAINESVILLE FL 32603

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HAMMER, DAVID  
1620 W. UNIVERSITY AVENUE, #4  
GAINESVILLE FL 32603

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WAGNER, PHILIP  
1620 W. UNIVERSITY AVENUE, #4  
GAINESVILLE FL 32603

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SCHNOLL, MARC  
1620 W. UNIVERSITY AVENUE, #4  
GAINESVILLE FL 32603

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
WEBER, MARY-EVAN  
1620 W. UNIVERSITY AVENUE, #4  
GAINESVILLE FL 32603

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

105 NW 16th Street

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

105 NW 16th Street

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

105 NW 16th Street

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY-EVAN WEBER

MARY-EVAN  
WEBER

3/24/98

335/  
375-2152

CR2E034 (10/97)