

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000011727**

1. Corporation Name

COLONIAL OAKS APARTMENTS, INC.

Principal Place of Business

**105 NW 16TH ST
SUITE 4
GAINESVILLE FL 32603
US**

Mailing Address

**P O BOX 13116
~~SUITE 4~~
GAINESVILLE FL 32604
US**

2. Principal Place of Business

21 200 N. Main St.

2a. Mailing Address

**26 Suite, Apt. #, etc.
27 no suite #**

City & State

23 Gainesville FL

City & State

28 Gainesville FL

Zip Country

24 32601 25

Zip Country

29 30

9. Name and Address of Current Registered Agent

**COLLIER, NATHAN S
105 NW 16TH ST
SUITE 4
GAINESVILLE FL 32603**

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

200 N. Main Street

83

84 City **Gainesville**

FL

85 Zip Code

32601

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
COLLIER, NATHAN S
105 NW 16TH ST
GAINESVILLE FL 32603**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VD
SCHNOLL, MARC
105 NW 16TH ST
GAINESVILLE FL 32603**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**STD
WEBER, MARY-EVAN
105 NW 16TH ST
GAINESVILLE FL 32603**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**200 N. Main St.
Gainesville FL 32601**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**200 N. Main Street
Gainesville FL 32601**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

**200 N. Main Street
Gainesville FL 32601**

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

**200 N. Main Street
Gainesville FL 32601**

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

**200 N. Main Street
Gainesville FL 32601**

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**200 N. Main Street
Gainesville FL 32601**

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, with all other like empowered.

SIGNATURE: **MARY-EVAN WEBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352/375-2152

4/27/99

Daytime Phone

4/27/99

CR2E034 (11/98)

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90122 047 ***158.75



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