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 # P97000055465

COLBY-WOODS R.V. RESORT, INC.

						1991)(99) (18 19)) (189) (189) (19)) (19)) (19)			
Principal Plac	ce of Business	Mailing Address							
			10313 EAST HIGHWAY 40 SILVER SPRINGS FL 34488			DO NOT WRITE IN THIS S	PACE		
						3. Date Incorporated or Qualifed			
						06/23/1997			
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number	TT	Applied For	\neg
21	26. Trailing Address					59-3457688		Not Applicab	le
Suite, Apt	# etc	Suite, Apt. #, etc.					\$8.7	5 Additional	\neg
22 27			· · · · · · · · · · · · · · · · · · ·			5. Certifcate of Status Desired		Required	
City & Sta	te	City & State				6. Election Campaign Financing	\$5.0	0 May Be	- 7
23		28	28			Trust Fund Contribution		d to Fees	ļ
Zip			Co	Country		8. This corporation owes the current year Intan	gible		7
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Ag	ent		_
	,1			81	Name	·			ļ
	iagan, Gregory S			82	Street Ac	Idress (P.O. Box Number is Not Acceptable)			ᅥ
	NORTHEAST 25TH AVENUE				00000				
	E 200			83					- {
OCA	LA FL 34470			1			85 Z	ip Code	
				84	City	FL.	25	p 0006	- 1
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change wa tions of, Section 607.0505,	is authorize Florida Sta	tutes	tne corpora	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointment when reinstating). DATE	nent as	registered	
	Signature, typed or printed name of registered agen		OTE: Registere		t signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	\dashv
12.			 MILE			Chang			
TITLE	SHELLEY, KEN		1	1.2 NAME				· —	
AND THE PROPERTY OF			- 1		ADDRESS				1
OHARD ODDINGO EL GAAGO				CITY-S					
CITY-ST-ZIP	SILVER SPRINGS FL 34466	DELETE			I-ZIP		Chang	e Addi	tion
TITLE	D DECEM			2.1 TITLE 2.2 NAME				_	
NAME			F		ADDRESS	i			- {
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NAME	j	<u></u>		NAME					}
			1		ADDRESS				ļ
STREET ADDRESS)			CITY-S				•	
CITY-ST-ZIP TITLE	 			2111-3	1-2F				
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STREET ADDRESS	1	☐ DELETE		TITLE NAME			Chang	ge ∐ Add	tion
		C) DELETE	5.2	NAME	r address		Chang	ge ∐Ado	ition
	5	☐ DELETE	5.2 5.3	NAME			∐ Chang	ge ∐Ada	ition
CITY-ST-ZIP	s	☐ DELETE	5.2 5.3 5.4	NAME STREE			Chan		

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:

NAME

STREET ADDRESS

625-1122

6.3 STREET ADORESS

FILED

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90048 036 ***150.00

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