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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:52

DOCUMENT # **V22651** **(6)**

1. Corporation Name
COLONY SQUARE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% JOHN L. EVANS, JR. 16520-18 S. TAMIAMI TRIAL #211 FT. MYERS FL 33908-4513	% JOHN L. EVANS, JR. 16520-18 S. TAMIAMI TRAIL SUITE 211 FT MYERS FL 33908-4513 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1992	3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0323826	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EVANS, JOHN L., JR.
16520-18 S. TAMIAMI TRAIL
SUITE 211
FT MYERS FL 33908

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
(Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	EVANS, JOHN L., JR.	12 NAME	
STREET ADDRESS	6049 PERTHSHIRE LANE, SW	13 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL	14 CITY ST ZIP	Zip 33908
TITLE	STD	21 TITLE	☐ Change ☒ Addition
NAME	EVANS, BETTY J.	22 NAME	
STREET ADDRESS	524 PECK AVENUE SW	23 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL	24 CITY ST ZIP	Zip 33919
TITLE	VD	31 TITLE	☐ Change ☒ Addition
NAME	MARTELL, THOMAS F.	32 NAME	
STREET ADDRESS	10620 SW 83RD AVENUE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Zip 33156
TITLE	VD	41 TITLE	☐ Change ☒ Addition
NAME	FELDMAN, MARC H.	42 NAME	
STREET ADDRESS	4124 GIBRALTER STR	43 STREET ADDRESS	
CITY ST ZIP	LAS VEGAS NV	44 CITY ST ZIP	Zip 89121
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John L. Evans Jr. 3/25/95
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
JOHN L. EVANS JR.

0480220 PP