

DOCUMENT # 761102

1. Entity Name

COLONIAL POINT ASSOCIATION, INC.

FILED

00 MAR -8 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5201 ATLANTIC BLVD. JACKSONVILLE FL 32207		5201 ATLANTIC BLVD. JACKSONVILLE FL 32207-2478	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

4. FEI Number	59-1920840	Applied For	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROYAL, BERT V. 5201 ATLANTIC BLVD. JACKSONVILLE FL 32207		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROYAL, BERT V. 3616 MAGNOLIA PT BLVD GREEN COVE SPRNGS, F	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ELDON SHARP 5201 ATLANTIC BLVD JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SONNTAG, ANDREAS F. 5201 ATLANTIC BLVD. JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary FLORIAN YOUNG 5201 ATLANTIC BLVD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARP, ELDON 5201 ATLANTIC BLVD. UNIT 265 JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director KELLY HARTWIG 5201 ATLANTIC BLVD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eldon Sharp 1/31/2000 904-398-5675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

KE