

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90476 050 ****69.50



DOCUMENT # 761102

1. Entity Name
COLONIAL POINT ASSOCIATION, INC.

Principal Place of Business
**MARVIN REAL ESTATE
 1835 N 3RD STREET
 JACKSONVILLE BEACH, FL 32250**

Mailing Address
**MARVIN REAL ESTATE
 P.O. BOX 330026
 ATLANTIC BEACH, FL 32233**

2. Principal Place of Business
COLONIAL POINT ASSN. INC.

3. Mailing Address
5201 ATLANTIC BLVD.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-1920840

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARVIN, SONIA
 1835 N 3RD STREET
 JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent
 Name **CORA MEDLIN**
 Street Address (P.O. Box Number is Not Acceptable)
5201 ATLANTIC BLVD
 City **JACKSONVILLE** FL Zip Code **32207**



02132004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CORA MEDLIN, CAM** **Cora Medlin** **4/15/2004**

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARP, ELDON 3927 WAYLAND STREET JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELDEN SHARP Elden Sharp <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIEL, C. LEE JR 5201 ATLANTIC BLVD #116 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL PARNELL 5201 ATLANTIC # JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRASSELL, JOHN 5201 ATLANTIC BLVD. #142 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV APPLEBARM, HAROLD 5201 ATLANTIC BLVD #243 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G. DOUG DUTTON - TREAS. 5201 ATLANTIC BLVD #258 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE PALMA, SUSAN 5201 ATLANTIC BLVD #272 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Susan DePalma** **(904) 398-5675**

Signature and typed or printed name of signing officer or director Date Daytime Phone #