

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005
Secretary of State

DOCUMENT# 761102

Entity Name: COLONIAL POINT ASSOCIATION, INC.

Current Principal Place of Business:

COLONIAL POINT ASSN. INC
5201 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

COLONIAL POINT ASSN. INC
6015 MORROW STREET EAST SUITE 107
JACKSONVILLE, FL 32217 US

Current Mailing Address:

COLONIAL POINT ASSN. INC
5201 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

New Mailing Address:

COLONIAL POINT ASSN. INC
6015 MORROW STREET EAST SUITE 107
JACKSONVILLE, FL 32217 US

FEI Number: 59-1920840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEDLIN, CORA
5201 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

BANNING MANAGEMENT, INC.
6015 MORROW STREET EAST
SUITE 107
JACKSONVILLE, FL 32217 US

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: BANNING MANAGEMENT, INC.

08/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SHARP, ELDON
Address: 3927 WAYLAND STREET
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD () Delete
Name: PARNELL, BILL
Address: 5201 ATLANTIC #
City-St-Zip: JACKSONVILLE, FL 32207

Title: S (X) Delete
Name: BRASELL, JOHN
Address: 5201 ATLANTIC BLVD. #142
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Delete
Name: DUTTON, G. DOUG
Address: 5201 ATLANTIC BLVD #258
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: DE PALMA, SUSAN
Address: 5201 ATLANTIC BLVD #272
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: HOLLINGSWORTH, SCOTT
Address: 5201 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD (X) Change () Addition
Name: GAINES, MARY
Address: 5201 ATLANTIC #
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN DEPALMA

PD

08/11/2005

Electronic Signature of Signing Officer or Director

Date