

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761102

FILED
Apr 26, 2006
Secretary of State

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:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 50-0011642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: RICHARDS, JILL
Address: 5201 ATLANTIC BLVD 244
City-St-Zip: JACKSONVILLE, FL 32207

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

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

Title: D () Change (X) Addition
Name: JONES, BETTY
Address: 5201 ATLANTIC BLVD # 57
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

P

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date