

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2007  
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:**

**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: RICHARDS, JILL  
Address: 5201 ATLANTIC BLVD 244  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD ( ) Delete  
Name: GAINES, BARRY  
Address: 5201 ATLANTIC BLVD  
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: D ( ) Delete  
Name: JONES, BETTY  
Address: 5201 ATLANTIC BLVD # 57  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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

PD

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date