


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90215 046 ****61.25

DOCUMENT # 761102 1. Entity Name COLONIAL POINT ASSOCIATION, INC.	
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Principal Place of Business COLONIAL POINT ASSN. INC 5201 ATLANTIC BLVD JACKSONVILLE, FL 32207 US	Mailing Address COLONIAL POINT ASSN. INC 6015 MORROW STREET EAST SUITE 107 JACKSONVILLE, FL 32217 US
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04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0011642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 *R Scott Sullivan, Mgt Agent* DATE 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	RICHARDS, JILL
STREET ADDRESS	5201 ATLANTIC BLVD 244
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VPD
NAME	GAINES, BARRY
STREET ADDRESS	5201 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	P
NAME	DE PALMA, SUSAN
STREET ADDRESS	5201 ATLANTIC BLVD #272
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	JONES, BETTY
STREET ADDRESS	5201 ATLANTIC BLVD # 57
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	Bill Parnell
STREET ADDRESS	5201 Atlantic Blvd
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* DATE 4/30/08 DAYTIME PHONE # 904.730.7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR