

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761102

FILED
Feb 17, 2010
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: D
Name: DEPALMA, SUSAN
Address: 5201 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: P
Name: TOLLESON, CHRIS
Address: 5201 ATLANTIC BLVD #175
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD
Name: DAVIS, RUSSELL
Address: 5201 ATLANTIC BLVD # 105
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: WHITCRAFT, NICK
Address: 5201 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: RICHARDS, BILL
Address: 5201 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: CHRIS TOLLESON

PD

02/17/2010

Electronic Signature of Signing Officer or Director

Date