

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761102

FILED  
Apr 06, 2011  
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:**

COLONIAL POINT ASSN. INC  
6028 CHESTER AVE # 105  
JACKSONVILLE, FL 32217 US

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:**

BANNING MANAGEMENT, INC.  
6028 CHESTER AVE  
SUITE 105  
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: \_\_\_\_\_

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCIAVELLI, MARIA  
Address: 5201 ATLANTIC BLVD #255  
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: WADDELL, BOB  
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

04/06/2011

Electronic Signature of Signing Officer or Director

Date