


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90168 005 ****61.25

DOCUMENT # 761102
1. Entity Name
COLONIAL POINT ASSOCIATION, INC.



Principal Place of Business Mailing Address
2180 WST 434 **2180 WST 434**
STE 5000 **STE 5000**
LONGWOOD FL 32779 **LONGWOOD FL 32779**

2. Principal Place of Business 3. Mailing Address
Marvin Real Estate **Marvin Real Estate**
Suite, Apt. #, etc. Suite, Apt. #, etc.
1835 N. 3rd Street **P.O. Box 330026**
City & State City & State
Jacksonville Beach, FL **Atlantic Beach, FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1920840** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HART, JAMES W JR
2180 WEST SR 434
STE 5000
LONGWOOD FL 32279

7. Name and Address of New Registered Agent
Name **Sonia Marvin**
Street Address (P.O. Box Number is Not Acceptable)
1835 N. 3rd Street
City **Jacksonville Beach** FL Zip Code **32250**

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 *Sonia Marvin* DATE **5/5/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	SHARP, ELDON	
STREET ADDRESS	5201 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROYAL, VAN	
STREET ADDRESS	3616 MAGNOLIA PT BLVD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARTWIG, KELLY	
STREET ADDRESS	5201 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRUSSELLS, JOHN	
STREET ADDRESS	5201 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEGARTH, HAROLD	
STREET ADDRESS	5201 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ELDEN SHARP (D/S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3927 Wayland Street	
STREET ADDRESS	JACKSONVILLE FL 32277	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C. LEE DANIEL JR (TD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5201 ATLANTIC BLVD #116	
STREET ADDRESS	JACKSONVILLE FL 32207	
CITY-ST-ZIP		
TITLE	(PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Brassell	
STREET ADDRESS	5201 ATLANTIC BLVD #142	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	(VD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD APPLEGARTH	
STREET ADDRESS	5201 ATLANTIC BLVD #243	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SUZAN DE PALMA (DIVP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5201 ATLANTIC BLVD #27A	
STREET ADDRESS	JACKSONVILLE FL 32207	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered.

SIGNATURE: *John E. Brassell Jr* DATE: **5/5/03** 398-7238

CR2E037 (10/02)