

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90049 043 \*\*\*\*61.25

**DOCUMENT # N01000007276**

1. Entity Name  
**COLLINSWOOD OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**920 THIRD STREET STE B**  
**NEPTUNE BEACH, FL 32266**

Mailing Address  
**920 THIRD STREET STE B**  
**NEPTUNE BEACH, FL 32266**

**14003508**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**04-3609159**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, L DENISE**  
**920 THIRD STREET STE B**  
**NEPTUNE BEACH, FL 32266**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*L Denise Wallace*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNOWLES, MARK A	
STREET ADDRESS	3840 CROWN POINT RD STE A	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLLAND, BEVERLY J	
STREET ADDRESS	3840 CROWN POINT RD STE A	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALLACE, L DENISE	
STREET ADDRESS	920 THIRD ST STE B	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

*Mark A Knowles* **MARK A. KNOWLES**

**4/15/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #