


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N11789
 1. Entity Name
COLONIAL OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 2700 UNIVERSITY BLVD. W., #A-2 JACKSONVILLE, FL 32217	Mailing Address 2700 UNIVERSITY BLVD. W., #A-2 JACKSONVILLE, FL 32217
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01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2647455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HANNON, GARY F
 2700 UNIVERSITY BLVD. W. STE A-2
 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 _____ DATE _____
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, 2004

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

U00000034637
 02/05/04-80090-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHUTT, DENNIS 2700 UNIVERSITY BLVD. W., BLDG. C JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COALSON, WILLIAM L 2700 UNIVERSITY BLVD. W., SUITE A-4 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HANNON, GARY F 2700 UNIVERSITY BLVD. W., STE. A-2 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: Gary F. Hannon, Treas. Date: 2-2-04 Daytime Phone #: (904) 730-7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR