


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N11789 1. Entity Name COLONIAL OAKS PROPERTY OWNERS ASSOCIATION, INC.	
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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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02072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2647455	Applied For 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/01/05-80014-011 61.25

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

SIGNATURE: Gary F. Hannon Date: 2-28-05 Daytime Phone #: 904-730-7709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GARY F. HANNON