

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 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**

**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2647455**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SCHUTT, DENNIS
STREET ADDRESS	2700 UNIVERSITY BLVD. W., BLDG. C
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	COALSON, WILLIAM L
STREET ADDRESS	2700 UNIVERSITY BLVD. W., SUITE A-4
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	HANNON, GARY F
STREET ADDRESS	2700 UNIVERSITY BLVD. W., STE. A-2
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515957  
04/29/06-80234-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gary F. Hannon*

*GARY F. HANNON*

*4-13-06 (904) 730-7*