

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003100

FILED
May 31, 2004
Secretary of State

Entity Name: COLONIAL COACH MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9315 MEMORIAL HWY.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

138 SHORE PKWY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3592710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOVARD, DEBORAH J
337 GREENVALE DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOVARD, DEBORAH J
Address: 337 GREENVILLE DRIVE
City-St-Zip: TAMPA, FL 33615

Title: VPD (X) Delete
Name: SCARBOROUGH, LISA
Address: 107 SHORE PKWY
City-St-Zip: TAMPA, FL 33615

Title: SD (X) Delete
Name: RODRIGUEZ, LUCY
Address: 136 SHORE PKWY
City-St-Zip: TAMPA, FL 33615

Title: TD () Delete
Name: HAMMOND, RITA
Address: 138 SHORE PKWY
City-St-Zip: TAMPA, FL 33615

Title: 2VPD () Delete
Name: MATHEWS, JEANIE
Address: 208 SANDY AVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MATHEWS, JEAN
Address: 208 SANDY AVE
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH J BOVARD

PD

05/31/2004

Electronic Signature of Signing Officer or Director

Date