


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

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90212 036 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N98000003100</b>  |  |  |   |         |  |
| 1. Entity Name<br><b>COLONIAL COACH MOBILE HOMEOWNERS ASSOCIATION, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br>9315 MEMORIAL HWY.<br>TAMPA, FL 33615  |  |  | Mailing Address<br>138 SHORE PKWY<br>TAMPA, FL 33615  |  |  |
| 2. Principal Place of Business  |  |  | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |  |  |
| City & State  |  |  | City & State  |  |  |
| Zip   | Country  | Zip  | Country   | 4. FEI Number<br>59-3592710  |  |
|   |  |  |   | Applied For<br>Not Applicable  |  |
|   |  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |  |  |
| BOVARD, DEBORAH J<br>337 GREENVALE DRIVE<br>TAMPA, FL 33615   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>138 SHORE PARKWAY</b><br>City<br><b>FL</b> 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 <u>Deborah J. Bovard, Registered Agent, President</u> 4/25/05<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>  |  |  |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BOVARD, DEBORAH J<br>337 GREENVILLE DRIVE<br>TAMPA, FL 33615 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>138 SHORE PKWY</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>HAMMOND, RITA<br>138 SHORE PKWY<br>TAMPA, FL 33615 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>SD<br/>MARISOL HERNANDEZ<br/>211 JASON DRIVE<br/>Tampa, FL 33615</b>         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>MATHEWS, JEAN<br>208 SANDY AVE<br>TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>1st VP<br/>William KRASauskas<br/>103 SHORE PKWY<br/>Tampa Florida 33615</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>2nd VP<br/>Julie KRASauskas<br/>103 SHORE PARKWAY<br/>Tampa FL 33615</b>     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| 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: <u>Deborah J. Bovard, Pres Director</u> 4/25/05  |  |  |   | 913 885-1644   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |   | <small>Date Daytime Phone #</small>  |  |