

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90071 032 ****61.25

DOCUMENT # N34845

1. Entity Name

COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

4962 N. PALM AVE
WINTER PARK FL 32792
US

Mailing Address

P.O. BOX 677307
ORLANDO FL 32867
US

44041969



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3140946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVE
WINTER PARK FL 32792-9111

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME HERNANDEZ, AMY ☐ Delete
STREET ADDRESS 1531 BROOKEBRIDGE DR
CITY-ST-ZIP ORLANDO FL

TITLE PD
NAME AVILES, WILLY ☐ Delete
STREET ADDRESS 1523 BROOKBRIDGE DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE TD
NAME HANKELE, LAUDELINA ☐ Delete
STREET ADDRESS 9366 DEARMONT AVE
CITY-ST-ZIP ORLANDO FL 32825

TITLE D
NAME MARRERO, SYLVIA ☐ Delete
STREET ADDRESS 9367 DEARMONT AVE
CITY-ST-ZIP ORLANDO FL 32825

TITLE D
NAME HERNANDEZ, JUAN ☐ Delete
STREET ADDRESS 9363 DEARMONT AVE
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willy Aviles **WILLY AVILES**

3/10/04

Date

(407) 681-0394

Daytime Phone #