

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005213

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** COLONIAL WOODS OF ORLANDO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1901 FRICKE AVE  
ORLANDO, FL 32826 US

**New Principal Place of Business:**

**Current Mailing Address:**

1901 FRICKE AVE  
ORLANDO, FL 32826 US

**New Mailing Address:**

**FEI Number:** 59-3666907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARD, ROCKY G  
14107 COLONIAL SPRING WAY  
ORLANDO, FL 32826 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: WARD, ROCKY G  
Address: 14107 COLONIAL SPRING WAY  
City-St-Zip: ORLANDO, FL 32826

Title: VP ( ) Delete  
Name: PEDRO, LOPEZ H  
Address: 1907 COLONIAL WOODS BLVD.  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PEDRO H. LOPEZ

VP

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date