2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758302

FILED Apr 07, 2009 Secretary of State

Entity Name: COLONIAL CENTER ASSOCIATION INC.

Littly Nai	ille. COLONI	AL CENTER ASSOCIATION, I	NC.			
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
CENTOR MANAGEMENT CONSULTANTS 2950 JOG ROAD GREEENACRES, FL 33467			2950 JOG	CENTURY MANAGEMENT CONSULTANTS 2950 JOG ROAD GREEENACRES, FL 33467		
Current Mailing Address:			New Mail	New Mailing Address:		
CENTOR MANAGEMENT CONSULTANTS 2950 JOG ROAD GREEENACRES, FL 33467			CENTURY MANAGEMENT CONSULTANTS 2950 JOG ROAD GREEENACRES, FL 33467			
FEI Number:	: 59-2159966	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	d Address of	New Registered Agent:	
625 N. FLA WEST PAI The above	& POLIA KOFF AGLER DRIVE LM BEACH, Fi named entity e of Florida.	TTH FLOOR L 33401 US	purpose of changing	its registered	office or registered agent, or both,	
SIGNATU						
	Electro	nic Signature of Registered Ag	jent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	EWING, AUBR	RAL HWY, SUITE 101	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	APPLETON, CA 1260 S FEDER) Delete ATHY RAL HWY, SUITE 201 ACH, FL 33435	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	SIPP, ROGER 1200 S FEDER) Delete RAL HWY, SUITE 303-304 E, FL 33435	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	MARTINCAVAC 1200 S. FEDE) Delete BE, ALLEN RAL HWY SUITE 201 ACH, FL 33435	Title: Name: Address: City-St-Zip:	BEAUMONT, 1260 S. FEDI	(X) Change()Addition KIM ERAL HWY SUITE 101 EACH, FL 33435	
Title: Name: Address: City-St-Zip:	MORTON, LINI 1200 S. FEDE) Delete DA RAL HWY SUITE 301 ACH, FL 33435	Title: Name: Address: City-St-Zip:	MORTON, LIN	(X) Change ()Addition NDA ERAL HWY SUITE 301 EACH, FL 33435	

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: CATHY APPLETON PD 04/07/2009