

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761102

**Entity Name:** COLONIAL POINT ASSOCIATION, INC.

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC7534763876**

**Current Principal Place of Business:**

COLONIAL POINT ASSN. INC  
5201 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

COLONIAL POINT ASSN. INC  
6028 CHESTER AVE #105  
JACKSONVILLE, FL 32217 US

**FEI Number: 50-0011642**

**Certificate of Status Desired: No**

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

BANNING MANAGEMENT, INC.  
6028 CHESTER AVE  
SUITE 105  
JACKSONVILLE, FL 32217 US

*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

**Officer/Director Detail :**

Title D  
Name BROWN, ROBERT  
Address 6028 CHESTER AVE # 105  
City-State-Zip: JACKSONVILLE FL 32217

Title P  
Name JONES, MICHAEL  
Address 6028 CHESTER AVE #105  
City-State-Zip: JACKSONVILLE FL 32217

Title TD  
Name DAVIS, RUSSELL  
Address 6028 CHESTER AVE # 105  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name TOLLESON, CHRIS  
Address 6028 CHESTER AVE # 105  
City-State-Zip: JACKSONVILLE FL 32217

Title SECRETARY  
Name DUTTON, LINDA  
Address 6028 CHESTER AVE # 105  
City-State-Zip: JACKSONVILLE FL 32217

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL JONES**

**PRESIDENT**

**04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date