

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11789

**Entity Name:** COLONIAL OAKS PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 11, 2021**  
**Secretary of State**  
**6328972823CC**

**Current Principal Place of Business:**

2700 UNIVERSITY BLVD. W., #A-2  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

2700 UNIVERSITY BLVD. W., #A-2  
JACKSONVILLE, FL 32217

**FEI Number: 59-2647455**

**Certificate of Status Desired: No**

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

SHOFFNER, CHARLES R  
2700 UNIVERSITY BLVD. W. STE A-2  
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: CHARLES R SHOFFNER**

**02/11/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SCHUTT, DENNIS  
Address 2700 UNIVERSITY BLVD. W., BLDG. C  
City-State-Zip: JACKSONVILLE FL

Title STD  
Name SHOFFNER, CHARLES R  
Address 2700 UNIVERSITY BLVD. W., STE. A-2  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name GLASER, NANCY  
Address 2700 UNIVERSITY BLVD. W., BLDG B  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name MARTIN, KATHY  
Address 2700 UNIVERSITY BLVD. W., BLDG B  
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: CHARLES R. SHOFFNER**

**DIRECTOR**

**02/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date