

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34845

Entity Name: COLONIAL LAKES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4962 N. PALM AVE
WINTER PARK, FL 32792**Current Mailing Address:**P.O. BOX 4129
WINTER PARK, FL 32793 US**FEI Number:** 59-3140946**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVE
WINTER PARK, FL 32792-9111 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	DIRECTOR
Name	HERNANDEZ, YVETTE
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	DIRECTOR, SECRETARY, TREASURER
Name	GODFREY, LISA
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	DIRECTOR
Name	RODRIGUEZ, ALBERTO
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	PRESIDENT, DIRECTOR
Name	SERRANO, AUGIE
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	VPD
Name	HANKELE, RAYMOND
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

Title	DIRECTOR
Name	JAWORSKI, DANIEL
Address	P.O. BOX 4129
City-State-Zip:	WINTER PARK FL 32793

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: AUGIE SERRANO**PRESIDENT****02/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date