

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90270 027 ****61.25

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04052006 Chg-NP CR2E037 (11/05)

DOCUMENT # 728274 1. Entity Name COLONIAL HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business IVA VOLKMER 265 MELBOURNE AVE. MERRITT ISLAND, FL 32953		Mailing Address IVA VOLKMER 265 MELBOURNE AVE. MERRITT ISLAND, FL 32953	
2. Principal Place of Business Barbara Spangler Suite, Apt. #, etc. 160 Orange Lane City & State Merritt Island FL Zip 32953		3. Mailing Address Barbara Spangler Suite, Apt. #, etc. 160 Orange Lane City & State Merritt Island, FL Zip 32953	
4. FEI Number 59-2053962		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOLKMER, IVA TR 265 MELBOURNE AVE. MERRITT ISLAND, FL 32953		7. Name and Address of New Registered Agent Name Barbara Spangler Street Address (P.O. Box Number is Not Acceptable) 160 Orange Lane Merritt Island, FL City FL Zip Code 32953	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Barbara Spangler</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	VOLKMER, ELTON		
STREET ADDRESS	265 MELBOURNE		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	RAGUCCI, KAREN		
STREET ADDRESS	650 HAWAII DRIVE		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE	T	<input checked="" type="checkbox"/> Delete	
NAME	VOLKMER, IVA		
STREET ADDRESS	265 MELBOURNE AVE.		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Volkmer, Iva		
STREET ADDRESS	265 Melbourne Ave		
CITY-ST-ZIP	Merritt Island, FL 32953		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Spangler, Larry		
STREET ADDRESS	160 Orange Lane		
CITY-ST-ZIP	Merritt Island, FL 32953		
TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Spangler, Barbara		
STREET ADDRESS	160 Orange Lane		
CITY-ST-ZIP	Merritt Island, FL 32953		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ragucci, Karen		
STREET ADDRESS	650 Hawaii		
CITY-ST-ZIP	Merritt Island, FL 32953		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Barbara Spangler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-11-06 321-452-2746 <small>Date Daytime Phone #</small>	