

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90065 011 ****61.25

DOCUMENT # 746376

1. Entity Name

COLONIAL ISLES ASSOCIATION, INC.



Principal Place of Business

3001 EXECUTIVE DR. # 260
CLEARWATER FL 33762

Mailing Address

3001 EXECUTIVE DR. # 260
CLEARWATER FL 33762
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2185871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR.
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T
NAME BOX, ED
STREET ADDRESS 1749 HIGHLAND AVE #C-4
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

VPD
NAME MAY, JERRY
STREET ADDRESS 1749 HIGHLAND AVE #C-10
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

D
NAME BALDWIN, LAUERNE
STREET ADDRESS 1749 HIGHLAND AVE #C-12
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

P
NAME BOWMAN, GEARGIA
STREET ADDRESS 1749 HIGHLAND AVE. #A-9
CITY-ST-ZIP CLEARWATER FL 33756 ☒ Delete

S
NAME MAY, MARY
STREET ADDRESS 1749 HIGHLAND AVE., C-10
CITY-ST-ZIP CLEARWATER FL 33756 ☒ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

PD ☒ Change ☐ Addition

☐ Change ☐ Addition

D
NAME LOPEZ, MARGARITA
STREET ADDRESS 1749 Highland Ave #C11
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Change ☒ Addition

VPD
NAME ST. CLAIR, JANE
STREET ADDRESS 1749 Highland Ave #A7
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Change ☒ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-04 584-4181