


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90143 017 ****61.25

| | | | |
|--|---|--|--|
| DOCUMENT # 751172 1. Entity Name THE COLONIAL HOUSE ASSOCIATION, INC. | |  | |
| Principal Place of Business 230 COLUMBIA DRIVE CAPE CANAVERAL, FL 32920 | | Mailing Address P.O. BOX 542344 MERRITT ISLAND, FL 32954-2344 US | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address PO Box 1042 Suite, Apt. #, etc. | |
| City & State Zip | | City & State Cape Canaveral, FL Zip 32920 | |
| Country | | Country | |
| 4. FEI Number 59-2036662 | | Applied For <input 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 BOYD, SHIRLEY 301 MAGNOLIA AVE. MERRITT ISLAND, FL 32952-4817 | | 7. Name and Address of New Registered Agent Name Flagship Association mgmt Ent. Inc. Street Address (P.O. Box Number is Not Acceptable) 1021 Waldmire Dr. City Jacksonville FL 32210 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | PD MILLARD, SHOALS 230 COLUMBIA DR, # 101 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete | TITLE | PD Robert Delcaral 1637 Orange Ct. Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | S TUTEN, DEBRA 230 COLUMBIA DR CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete | TITLE | VO Jon Windhorst PO Box 540440 Merritt Island, FL 32954 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | T REED, CHARMAINE A 230 COLUMBIA DR, # 104 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete | TITLE | TD Ron Lust 3940 Savannah Trail Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | S TUTEN, DEBRA 230 COLUMBIA DR CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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><i>Robert Delcaral</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>3/30/07</u> Daytime Phone # <u>749-5688</u> | |

40051134



03292007 Chg-NP CR2E037 (12/06)