


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 036 ****61.25

DOCUMENT # 751172	
1. Entity Name The Colonial House Assoc, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 230 Columbia Dr	3. Mailing Address P.O. Box 1042
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cape Canaveral	City & State FL
Zip 32920	Country USA
Zip 32930	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

CR2E037B (5/07)

40104315

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 **Darlene Brinkley**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE IS \$61.25
Initial or Amended AR

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

TITLE President	NAME Jon Winhorst
STREET ADDRESS P.O. Box 540640	
CITY-ST-ZIP Meritt Island, FL 32953	
TITLE V.P. - Sec	NAME Ron Lust
STREET ADDRESS 3590 Savannahs Trail	
CITY-ST-ZIP Meritt Island, FL 32955	
TITLE Treasurer	NAME Hillard Shoal
STREET ADDRESS 230 Columbia Dr 101	
CITY-ST-ZIP Cape Canaveral, FL	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Darlene Brinkley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

512.07 321-783-8177

Darlene Brinkley
management