

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751172

FILED
Feb 18, 2009
Secretary of State

Entity Name: THE COLONIAL HOUSE ASSOCIATION, INC.

Current Principal Place of Business:

230 COLUMBIA DRIVE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1042
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2036662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAGSHIP ASSOCIATION MGMT ENT. INC.
1621 WOODMORE DR
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

DOING ASSOCIATION BUSINESS, INC
408 HARRISON AVE # 1
CAPE CANAVERAL,, FL 32920 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: DOING ASSOCIATION BUSINESS, INC
Electronic Signature of Registered Agent

02/18/2009
Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINHORST, JON
Address: P.O. BOX 540640
City-St-Zip: MERRITT ISLAND, FL 32954

Title: VPS () Delete
Name: LUST, RON
Address: 3390 SAVANNAH TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T () Delete
Name: SHOAL, MILLARD
Address: 230 COLUMBIA DR 101
City-St-Zip: CAPE CANAVERAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: DRUCQUER, TODD
Address: 230 COLUMBIA DR #201
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JON WINDHORST
Electronic Signature of Signing Officer or Director

P
02/18/2009
Date