


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 007 ****61.25

DOCUMENT # 755386 1. Entity Name COLLWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. #260 CLEARWATER, FL 33762 US			Mailing Address CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. #260 CLEARWATER, FL 33762 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03162007 Chg-NP CR2E037 (12/06)			4. FEI Number 59-2072211		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	VPD HOPKINS, DOUG 5156 STEELES AVE WEST MILTON, ONTARIO, CA 19t 241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOK, PETER 287 ESTATE CT. MIDLAND, ONTARIO, 14r5h2	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, ED 4211 MEADOW HILL DRIVE # 7204 TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Maggi Black 1501 N Carrollwood Blvd Fern Park, FL 32739 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILSON, GARY 54 CALDERWOOD DRIVE SYDNEY, NOVA SCOTIA, b1s3g3	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRIGGS, JANET 54 CALDERWOOD DR SYDNEY, NOVA SCOTIA, b1s3g3	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date April 12/07 Daytime Phone #		