

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 026 ****61.25

| | | | | | |
|---|-----------------------------|--|--|---|--|
| DOCUMENT # 755706 1. Entity Name COLONIAL LAKE OWNERS ASSOCIATION, INCORPORATED | | | | | |
| Principal Place of Business C/O Y&A PROFESSIONAL SERVICE, INC 12350 SW 132 CT., STE 207 MIAMI, FL 33186 US | | | Mailing Address C/O Y&A PROFESSIONAL SERVICE, INC 12350 SW 132 CT., STE 207 MIAMI, FL 33186 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 65-0052368 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| JARAMILLO, YOLANDA 12350 SW 132 COURT SUITE #207 MIAMI, FL 33186 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 resigning) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HERNANDEZ, IOLE | | NAME | | |
| STREET ADDRESS | 10945 SW 165 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARVEY, NANCY K | | NAME | | |
| STREET ADDRESS | 16250 SW 109 AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WENDT, DON | | NAME | | |
| STREET ADDRESS | 16300 SW 109 AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | OP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FIGUERA, WILLIAM | | NAME | | |
| STREET ADDRESS | 10935 SW 165 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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: <i>Nancy K. Harvey, Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 1/6/2005 305-255-9704 Date Daytime Phone # | | |
| NANCY K. HARVEY | | | | | |

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