

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755706

FILED
Apr 08, 2009
Secretary of State

Entity Name: COLONIAL LAKE OWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

201 CROSS STREET
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

201 CROSS STREET
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0052368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUELLES, FRANCISCO J CPA
201 CROSS STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: HERNANDEZ, IDLE
Address: 10945 SW 165 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DT () Delete
Name: HARVEY, NANCY K
Address: 16250 SW 109 AVE
City-St-Zip: MIAMI, FL 33157

Title: P () Delete
Name: WENDT, DON
Address: 16320 SW 109 AVE
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: KINARD, LIZ
Address: 11020 SW 163 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: HERNANDEZ, IOLE
Address: 10945 SW 165 TERRACE
City-St-Zip: MIAMI, FL 33157

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

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

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: NANCY K. HARVEY

DT

04/08/2009

Electronic Signature of Signing Officer or Director

Date