

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757623

FILED
Aug 28, 2009
Secretary of State

Entity Name: COLLEGE PARK CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

201 COLLEGE BLVD.
NICEVILLE, FL 325781350

New Principal Place of Business:

Current Mailing Address:

201 COLLEGE BLVD.
NICEVILLE, FL 325781350

New Mailing Address:

FEI Number: 59-2127070 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEMETH, KIMBERLY A
1031 AIDER WOOD WAY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

SMOAK, KAREN T
8225 HARTINGTON DR.
NAVARRE, FL 32556 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: KAREN T. SMOAK

08/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLUMMER, MARY
Address: 631 POWELL DR NE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: RODRIQUEZ, JESUS
Address: 1016 COUNTRYSIDE CT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: HUDSON, JOAN
Address: 1151 BAYSHORE DR
City-St-Zip: VALPARAISO, FL 32580

Title: DMT () Delete
Name: NEMETH NEUMANS, KIM
Address: 1031 ALDERWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BHATTACHARYA, JAY
Address: 107 COUNTRY CLUB DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: LOGAN, BOBBIE
Address: 478 OLDE POST RD.
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D/M (X) Change () Addition
Name: SMOAK, KAREN T
Address: 8225 HARTINGTON DR.
City-St-Zip: NAVARRE, FL 32566

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: KAREN T. SMOAK

D/M

08/28/2009

Electronic Signature of Signing Officer or Director

Date