2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90056 016 ****61.25

DOCUMENT # 760676

1. Entity Name

COLONIAL HOUSE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 S. BANANA RIVER BLVD. #308 COCOA BCH FL 32931-3378 US	300 S. BANANA RIVER BLVD. #308 COCOA BCH FL 32931-0378

MOORE CR2E037 (11/03)

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 59-2140705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BETTY C. GAILEY 300 S BANANA RIVER BLVD #304 COCOA BCH FL 32931	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VTSD GAILEY, BETTY 300 S. BANANA RIVER BLVD. #304 COCOA BCH FL 32931	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Charles Alpar 300 S Banana River Blvd 101 Cocoa Beach FL 32931 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRANT, LANE P 300 S. BANANA BLVD. #102 COCOA BEACH FL 32931	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Kathy Alpar 300 S Banana River Blvd 101 Cocoa Beach FL 32931 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, LORI 300 S. BANANA RIVER BLVD. #104 COCOA BEACH FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHRENCENGOST, BARBARA 300 S. BANANA RIVER BLVD. #306 COCOA BEACH FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Barbara Schrencengost Barbara Schrencengost 2-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #