2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 760676 1. Entity Name 02-08-2005 90010 018 ****61.25 COLONIAL HOUSE CONDOMINIUMS ASSOCIATION, INC. Principal Place of Business Mailing Address 300 S. BANANA RIVER BLVD. #308 COCOA BCH FL 32931-3378 300 S. BANANA RIVER BLVD. #308 COCOA BCH FL 32931-0378 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2140705 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES A. ALPAR CHARLES A. ALPAR BETTY C. GAILEY Street Address (P.O. Box Number is Not Acceptable) 300 S BANANA RIVER BLVD #394 308 COCOA BCH FL 32931 CocoA Zip Code 3293/ BEACH 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: Degistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TOTLE ☐ Change ☐ Addition ALPUR, CHARLES NAME NAME 300 S. BANANA RIVER BLVD. #101 STREET ADDRESS STREET ADDRESS COCOA BCH FL 32931 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition ALPUR, KATHY NAME NAME 300 S. BANANA RIVER BLVD. #101 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CITY+ST-ZIP Delete TITLE . Change ☐ Addition WILSON, LORI 300 S. BANANA RIVER BLVD. #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition SCHRENCENGOST, BARBARA NAME NAME 300 S. BANANA RIVER BLVD. #306 STREET ADORESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Feb 08, 2005 8:00 am

SIGNATURE: Harly SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR DEGE

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 supplied ental 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 postee 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 file empowered.