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FILED Jan 31, 2007 8:00 am **Secretary of State**

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DOCUMENT #760676 COLONIAL HOUSE CONDOMINIUMS ASSOCIATION, INC. Principal Place of Business Mailing Address 300 S. BANANA RIVER BLVD. #308 300 S. BANANA RIVER BLVD. #308 COCOA BCH, FL 32931-3378 US COCOA BCH, FL 32931-0378 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E037 (12/06) 4. FEI Number 59-2140705 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALPAR, CHARLES A 300 S BANANA RIVER BLVD #308 106 COCOA BCH, FL 32931 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, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE ☐ Delete TRLE ☐ Addition HALL BION NAME NAME 300 S. BANANNA RIVER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BCH, FL 32931 CITY-ST-ZIP DS TITLE Delete **X** Change ☐ Addition TITLE Tezel, Kurt 300 5. Barana River Blud # 303 TEZAL, KURT NAME STREET ADDRESS 300 S. BANANA RIVER BLVD. #101 STREET ADDRESS Cocon Beach, FL 32931 CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIF Change TITLE Delete TITLE ☐ Addition Castillo, Janke CUSTRILLO, JANICE NAME NAME River Blud. # 106 STREET ADDRESS 300 S. BANANA RIVER BLVD. #104 STREET ADDRESS ocoa Beach, FL 32931 COCOA BEACH, FL 32931 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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. Janice Castilla 1/16/07