


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

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 762324					
1. Entity Name COLONIAL ARMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 180 MINNA LANE MERRITT ISLAND FL 32953			Mailing Address 140 MINNA LN APT 106 MERRITT ISLAND FL 32953		
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 59-2224751	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
NEWSON, BERNICE 140 MINNA LANE APT 102 MERRITT ISLAND FL 32953				7. Name and Address of New Registered Agent	
				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 <u>accept</u> the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW; FEE IS \$61.25 Due By May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTZ, SUE	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	140 MINNA LN #105			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP	
TITLE	VPAL			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAKESTRAW, LOUISE H	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	140 MINNA LANE APT 106			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP	
TITLE	SD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSON, BERNICE	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	140 MINNA LN			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP	
TITLE	TD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, MARIA E	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	505 PALM AVE			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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CITY-ST-ZIP				CITY-ST-ZIP	



MOORE CR2E037 (11/03)

4. FEI Number **59-2224751** Applied For Not Applicable

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

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

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CITY-ST-ZIP	MERRITT ISLAND FL 32952			CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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: Marie E. Roman - *Marie E. Roman* **Treasurer** 2/11/04 (321)454-4188