


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90006 002 ****61.25

DOCUMENT # 762324			
1. Entity Name COLONIAL ARMS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 140 MINNA LANE MERRITT ISLAND FL 32953		Mailing Address 140 MINNA LN APT 106 MERRITT ISLAND FL 32953	
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address 180 Minna Lane - Office	
Suite, Apt. #, etc. 180 MINNA LANE OFFICE		Suite, Apt. #, etc.	
City & State MERRITT ISLAND FL		City & State Merritt Island FL	
Zip 32953	Country USA	Zip 32953	Country USA



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent NEWSON, BERNICE 180 MINNA LANE APT 102 MERRITT ISLAND FL 32953		7. Name and Address of New Registered Agent Name NORMA R Holmquist Street Address (P.O. Box Number is Not Acceptable) 385 ISLAND OAKS PLACE MERRITT ISLAND FL City FL Zip Code 32953-4834	
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 Norma R Holmquist, Inc. Sec.		DATE 3/1/07	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BADILLO, JOSE 505 PALM AVE MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMQUIST, NORMA R Holmquist 385 ISLAND OAKS PL MERRITT ISLAND FL 32953-4834 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, RUBEN 180 MINNA LANE OFFICE MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMQUIST, JOHN P Holmquist 1203 PINE TREE DR INDIAN HARBOR BCH FL 32937-3479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Norma R Holmquist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 07

321-452-9701