

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 762324

1. Entity Name

COLONIAL ARMS CONDOMINIUM ASSOCIATION, INC.



FILED
Aug 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

180 MINNA LANE
MERRITT ISLAND FL 32953

Mailing Address

180 MINNA LANE
MERRITT ISLAND FL 32953



2. Principal Place of Business - No P.O. Box #

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

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

2nd MOORE CR2E037 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMQUIST
~~HOLMQUIST~~, NORMA R
385 ISLAND OAKS PLACE
MERRITT ISLAND FL 32953

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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 P ☐ Delete
NAME BADILLO, JOSE
STREET ADDRESS 505 PALM AVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000957923
08/18/08-80008-009 70.00

TITLE T ☐ Delete
NAME HOLMQUIST, NORMA R
STREET ADDRESS 385 ISLAND OAKS PL
CITY-ST-ZIP MERRITT ISLAND FL 32953-4834

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GARCIA, RUBEN
STREET ADDRESS 180 MINNA LANE OFFICE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HOLMQUIST, JOHN P
STREET ADDRESS 1203 PINE TREE DR
CITY-ST-ZIP INDIAN HARBOR BCH FL 32937-3479

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Norma R Holmquist
Norma R Holmquist

8-11-08

321-457-8701