

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90028 050 \*\*\*\*61.25

**DOCUMENT # 762774**

1. Entity Name  
**COLONIAL PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**651 WEST INDIANTOWN RD.  
JUPITER, FL 33458**

Mailing Address  
**651 WEST INDIANTOWN RD.  
SUITE G  
JUPITER, FL 33458**

*CHANGE  
to SUITE  
G*



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**HERING, WILLIAM M  
651 W INDIANTOWN RD  
SUITE G & H  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MIKE C 651 WEST INDIANTOWN RD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERING, SYLVIE 651 INDIANTOWN ROAD, SUITE G&H JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNELL, SHARON E 651 WEST INDIANTOWN RD. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERING, BILL 651 W INDIANTOWN ROAD, SUITE G&H JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Bill Hering*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bill HERING**

**04/25/06 512-5188**  
Date Daytime Phone #