

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90028 010 ****61.25

DOCUMENT # 766758

1. Entity Name
**COLONIAL SHORES CONDOMINIUM ASSOCIATION OF
PANAMA CITY BEACH, INC.**



Principal Place of Business
**PANAMA CITY BEACH
8512 SURF DR.
PANAMA CITY BEACH, FL 32407**

Mailing Address
**PANAMA CITY BEACH
8512 SURF DR.
PANAMA CITY BEACH, FL 32407**

30058991



2. Principal Place of Business

3. Mailing Address

PO BOX 5867

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272005 Chg-NP CR2E037 (10/03)

City & State

COLUMBUS GA

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country

31906 MUSCOGEE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEARY, STEPHANIE Z
7102 BEACHWOOD BLVD.
PANAMA CITY BEACH, FL 32407**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **VILLOCH, ALFREDO**
CITY-ST-ZIP **3401 LOR LN
ATLANTA, GA 30340**

TITLE ☒ Change ☐ Addition
NAME **PRES**
STREET ADDRESS **SHERMILA BHARAT**
CITY-ST-ZIP **148-11-87TH AVE BRIARWOOD NY 11435**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BERRUETA, ALVARO**
CITY-ST-ZIP **1155 MASTERS LN
SNELLVILLE, GA 30078**

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **ELLISEN, RANDY**
CITY-ST-ZIP **P.O. BOX 5867
COLUMBUS, GA 31906**

TITLE ☐ Change ☐ Addition
NAME **ELLISON**
STREET ADDRESS **CORRECT LAST NAME**
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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-27-05 706 323 4388