


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 766758 1. Entity Name COLONIAL SHORES CONDOMINIUM ASSOCIATION OF PANAMA CITY BEACH, INC.	
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Principal Place of Business PANAMA CITY BEACH 8512 SURF DR. PANAMA CITY BEACH, FL 32407	Mailing Address P.O. BOX 5867 COLUMBUS, GA 31906
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHAIZAT, SHERMILA 148-11-87TH AVE BRIARWOOD, NY 11435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRUETA, ALVARO 1155 MASTERS LN SNELLVILLE, GA 30078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLISON, RANDY P.O. BOX 5867 COLUMBUS, GA 31906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000524870
05/04/06-80007-009 61.25

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:  **S/T** **4-18-06** **706 333 4358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone