

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768109

FILED
Mar 08, 2011
Secretary of State

Entity Name: THE COLONY MOBILE HOME OWNERS, INC.

Current Principal Place of Business:

7901 40TH AVENUE NORTH
LOT 96
ST. PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

7901 40TH AVENUE NORTH
LOT 96
ST. PETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MURPHY, SYLVIA D
7901 40TH AVENUE NORTH
LOT 96
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: DICKSON, LOUISE
Address: 7907 40TH AVE. N #66
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D
Name: MILLER, JAMES H
Address: 7901-40TH AVE N #45
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D
Name: ROBERT, DORIS
Address: 7901-40TH AVE N. #24
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: P
Name: ACHESON, LENA
Address: 7901-40 AVE N LOT 27
City-St-Zip: ST.PETERSBURG, FL 33709

Title: D
Name: VENUK, JOHN T
Address: 7901 40TH AVE N, LOT 25
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: S
Name: BROUGH, JOY
Address: 7901 40TH AVE N. #12
City-St-Zip: SAINT PETERSBURG, FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYLVIA D.MURPHY

AGEN

03/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date