


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90031 038 \*\*\*\*61.25

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| <b>DOCUMENT # 768863</b><br>1. Entity Name<br>COLONIAL MANOR OF VENICE HOMEOWNERS ASSOCIATION, INC.  |   |  |  |                                  |   |
| Principal Place of Business<br>1200 RIDGEWOOD AVE.<br>VENICE, FL 34285   |   |  | Mailing Address<br>1200 RIDGEWOOD AVE.<br>VENICE, FL 34285   |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                    |   |   |
| City & State   |   |  | City & State   |   |   |
| Zip  |   | Country  |  | Zip   |   |
| Country  |   | Country  |  | 4. FEI Number<br>59-2785846   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br>KORP, WILLIAM<br>333 S. TAMiami TR.<br>VENICE, FL 34284   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.  |   |  |  | \$8.75 Additional Fee Required  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |  |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>KEMP, MARY<br>236 OUTER DR. E<br>VENICE, FL 34285         | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>Emerson, Kenneth<br>291 Outer Dr. E<br>Venice, FL 34285 |
|  |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>SEAGAL, JOANN<br>300 OUTER DR E<br>VENICE, FL 34285       | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>Geraldine Molle<br>272 Inner Dr. W<br>Venice, FL 34285  |
|  |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>HILKER, ELIZABETH<br>260 OUTER DR. E<br>VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>Jack Mahoney<br>276 Inner Dr. W<br>Venice, FL 34285    |
|  |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BRITTON, PRISCILLA<br>206 OUTER DR. W<br>VENICE, FL 34285 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>Richard Jumper<br>240 Outer Dr. E<br>Venice, FL 34285   |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MERRILL, BRUCE<br>273 OUTER DR E<br>VENICE, FL 34285       | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Richard Jumper<br>240 Outer Dr. E<br>Venice, FL 34285    |
|  |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>COON, VERLANE<br>252 INNER DR. W<br>VENICE, FL 34285       | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Richard Jumper<br>240 Outer Dr. E<br>Venice, FL 34285    |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |  |   |   |
| 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. |   |  |  |   |   |
| <b>SIGNATURE:</b> <i>Kenneth Emerson</i> <span style="float: right;">1/24/07 941-488-6118</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |   |   |