2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000007276

FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90143 019 ****61.25

1. Entity Name COLLINSWOOD OWNERS ASSOCIATION, INC.														
920 THIRD STREET STE B 920				Address HIRD STREET ST NE BEACH, FL			-							
2. Principal P	tace of Busin	ness	3. Mailin	g Address										
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				031820	05 CI	hg-NP	CF	R2E03	37 (10/03)	
City & State			City	City & State			4. FEI 04			9				pplied For lot Applicable
Zip	;	Country	Zip		Co.	untry		5. Certifi	cate of St	tatus Desire	d		\$8.75 Ac Fee Requir	
6. Name and Address of Current Registered Agent								7. Name	and Add	Iress of Nev	w Regist	ered /	Agent	
WALLACE	I DENIS	SF.				Name								
WALLACE, L DENISE 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266						Street Address (P.O. Box Number is Not Acceptable)								
						City							Zip Co	de
												FL	<u> </u>	
	named entititions of regist	y submits this statement fo tered agent.	or the purpos	se of changing its	register	ed office o	r register	red agent, d	or both, in	ine State of	rionda.	ıamı	iamiliar wur	, and accept
SIGNATURE	Signature, typed	for printed name of registered agent	and title if applic	able. (NQT	E: Registere	ed Agent signat	ura required	d when reinstatin	rg)			DATE		
Filing Fee is \$61.25 9. Election Campaign														
	_							\$5.00 N		F			payable	
10.	_	May 1, 2005	RECTORS		Contribut	tion.		Added to I	ees	<u> </u>	lorida [Depar	tment of S	State
10.	_		RECTORS	Trust Fund (tion.		Added to I	ees	ES TO OFF	lorida [Depar	tment of S	N 10
	PD PD	May 1, 2005	RECTORS		Contribut	tion. E	PD She	Added to I	Glis:	ES TO OFFI	Iorida E	Depar	tment of S	N 10
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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 it 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 Daystre Prone P