2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N01605

Entity Name: COLONIAL COACH ESTATES MOBILE HOME RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

1040 MARCOS COURT
LAKE WORTH, FL 334634239

New Principal Place of Business:

Current Mailing Address:

1040 MARCOS COURT
LAKE WORTH, FL 334634239

New Mailing Address:

161 RAINBOW DRIVE
LAKE WORTH, FL 334634239

FEI Number: 59-2495311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIESI, JOSEPH A
161 RAINBOW DRIVE
GREEN ACRES, FL 33463 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: PD ( ) Delete
Name: GRIESI, JOSEPH
Address: 161 RAINBOW DRIVE
City-St-Zip: GREEN ACRES, FL 334634239

Title: VP (X) Delete
Name: MULINA, SUSAN
Address: 93 S. STUART DR.
City-St-Zip: GREEN ACRES, FL 33463

Title: D ( ) Delete
Name: PENCE, DONNA
Address: 904 DANS PLACE
City-St-Zip: LAKE WORTH, FL 33463

Title: TD (X) Delete
Name: PITCHER, ROSEMARY
Address: 113 MARCO CT
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRIESI, JOSEPH A
Address: 161 RAINBOW DRIVE
City-St-Zip: GREEN ACRES, FL 334634239

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH A GRIESI PD 04/17/2006

Electronic Signature of Signing Officer or Director — Date