

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 APR 28 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006382	
1. Entity Name COLONIAL TOWNPARK PROPERTY OWNERS' ASSOCIATION, INC.	



Principal Place of Business C/O COLONIAL PROPERTIES TRUST 100 COLONIAL CENTER PKWY STE 140 LAKE MARY, FL 32746	Mailing Address C/O COLONIAL PROPERTIES TRUST 100 COLONIAL CENTER PKWY STE 140 LAKE MARY, FL 32746
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2. Principal Place of Business C/O COLONIAL PROPERTIES TRUST Suite, Apt. #, etc. 950 MARKET PROMENADE AVE. #2200 City & State LAKE MARY FL Zip 32746 Country SEMINOLE	3. Mailing Address 950 MARKET PROMENADE AVE. Suite, Apt. #, etc. SUITE 2200 City & State LAKE MARY, FL Zip 32746 Country SEMINOLE
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04042005 REIN-NP CR2E099 (6/04)

4. FEI Number 16-1631341	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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**REINSTATEMENT** 04-05

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 	PETER F. SOUZA ASSISTANT SECRETARY (NOTE: Registered Agent signature required when reinstating)
DATE 4/7/05	

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GREEN, TOM C/O COLONIAL PROPERTIES TRUST LAKE MARY, FL 32746 <i>950 Market Promenade Ave #2200</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BERT LOCKE, JR C/O COLONIAL PROPERTIES TRUST LAKE MARY, FL 32746 <i>950 Market Promenade Ave #2200</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LANEY, MICHAEL C/O COLONIAL PROPERTIES TRUST LAKE MARY, FL 32746 <i>950 Market Promenade Ave #2200</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000054669330 05/17/05--01033--006 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LASSETER, JIM C/O COLONIAL PROPERTIES TRUST LAKE MARY, FL 32746 <i>950 Market Promenade Ave #2200</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	407-585-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tom Green, DVS	