

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006382

FILED
May 05, 2008
Secretary of State

Entity Name: COLONIAL TOWNPARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O COLONIAL PROPERTIES TRUST
950 MARKET PROMENADE AVE, #2200
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

C/O COLONIAL PROPERTIES TRUST
950 MARKET PROMENADE AVE, #2200
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 16-1631341 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: DPT () Delete
Name: GREEN, TOM
Address: 950 MARKET PROMENADE AVE #2200
City-St-Zip: LAKE MARY, FL 32746

Title: DVS () Delete
Name: LOCKE, JR, BERT
Address: 950 MARKET PROMENADE AVE, #2200
City-St-Zip: LAKE MARY, FL 32746

Title: DVP () Delete
Name: O'BRIEN, JAMES
Address: 850 VILLAGE OAK LANE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: BERT B LOCKE, JR.

DVS

05/05/2008

Electronic Signature of Signing Officer or Director

Date