


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90088 015 \*\*\*\*61.25

DOCUMENT # <b>108222</b>	
1. Entity Name <b>Colonial Mobile Manor Home Owners Association, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>900-9th Ave E #208 Palmetto FL 34221</b>	3. Mailing Address <b>900-9th Ave E #208 Palmetto FL 34221</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**40046962**

CR2E037B (8/05)

City & State <b>Palmetto Florida</b>	City & State <b>Palmetto Florida</b>
Zip <b>34221</b>	Zip <b>34221</b>
Country <b>MANATEE</b>	Country <b>MANATEE</b>

4. FEI Number <b>592493045</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

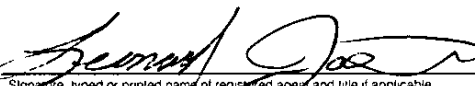
**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name <b>LEONARD JARVIS</b>
Street Address (P.O. Box Number is Not Acceptable) <b>900 9th Ave E #211</b>
City <b>Palmetto</b>
FL Zip Code <b>34221</b>

**DO NOT WRITE  
IN THIS SPACE**

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  **3-28-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended AR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>LEONARD JARVIS 900-9th Ave E #211 Palmetto FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>LEONARD JARVIS 900-9th Ave E #211 Palmetto FL 34221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Francis Reinert 900-9th Ave E #199 Palmetto FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Francis Reinert 900-9th Ave E #199 Palmetto FL 34221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Richard Shields 900-9th Ave E #119 Palmetto FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Richard Shields 900-9th Ave E #119 Palmetto FL 34221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Donald Hartz 900-9th Ave E #213 Palmetto FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Donald Hartz 900-9th Ave E #213 Palmetto FL 34221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CARL TIGONE 900-9th Ave E #223 Palmetto FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CARL TIGONE 900-9th Ave E #223 Palmetto FL 34221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Linda Gorski 900-9th Ave E #208 Palmetto FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Linda Gorski 900-9th Ave E #208 Palmetto FL 34221</b>

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE  **3-28-07 941-722-2502**