


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90017 008 ****61.25

DOCUMENT # N08724 1. Entity Name THE COLONIAL PINES HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business COLONIAL PINES MOBILE APRK ASSC. NAVARRE, FL 32566			Mailing Address PO BOX 6018 NAVARRE, FL 32566		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2101 COLONIAL AVE Suite, Apt. #, etc.			
City & State Zip		City & State NAVARRE FL Zip 32566		Country SANTA ROSA	
4. FEI Number 59-3619247				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 CLEVEN, CHARLES 9852 W BUNKER HILL CIRCLE NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name JUDITH ABEL Street Address (P.O. Box Number is Not Acceptable) 9850 W. BUNKER HILL CIRCLE City NAVARRE FL Zip Code 32566		
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 <i>Judith Abel, Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 04-04-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENDUS, BETTY COLONIAL PINES MOBILE APRK ASSC. NAVARRE, FL 32566 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS MARTIN 9876 E. CONCORD CIR NAVARRE, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KULHAVIK, FRANK COLONIAL PINES MOBILE APRK ASSC. NAVARRE, FL 32566 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BETTY BENDUS 9874 E. CONCORD CIR NAVARRE FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AKEY, FRANCIS COLONIAL PINES MOBILE APRK ASSC. NAVARRE, FL 32566 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BETTE COX 9855 W. CONCORD CIR NAVARRE, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEVEN, CHARLES COLONIAL PINES MOBILE APRK ASSC. NAVARRE, FL 32566 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JUDITH ABEL 9850 W. BUNKER HILL CIR NAVARRE FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADAN, PETER COLONIAL PINES MOBILE APRK ASSC. NAVARRE, FL 32566 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASS'T TREASURER BILL HARRIS 9854 CLOVER CIR NAVARRE FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LOWEN, KEN COLONIAL PINES MOBILE APRK ASSC. NAVARRE, FL 32566 <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 exemptions contained 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 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: <i>Judith Abel</i> Judith Abel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 04-04-06 DAYTIME PHONE # 8509367966 <small>Date Daytime Phone #</small>		