

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90045 006 ****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
**2101 COLONIAL AVE
NAVARRE, FL 32566**

50002345



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, e'tc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3619247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ABEL, JUDITH
9850 W BUNKER HILL CIRCLE
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	V BENDUS, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS	9874 E CONCORD CIRCLE	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE NAME	P MARTIN, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	9876 E CONCORD CIRCLE	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE NAME	S COX, BETTE	<input type="checkbox"/> Delete
STREET ADDRESS	9855 W CONCORD CIRCLE	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE NAME	T ABEL, JUDITH	<input type="checkbox"/> Delete
STREET ADDRESS	9850 W BUNKER HILL CIRCLE	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE NAME	AS HARRIS, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	9854 CLOVER CIRCLE	
CITY - ST - ZIP	NAVARRE, FL 32566	
TITLE NAME	AT LOWEN, KEN	<input type="checkbox"/> Delete
STREET ADDRESS	COLONIAL PINES MOBILE APRK ASSC.	
CITY - ST - ZIP	NAVARRE, FL 32566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Martin **THOMAS MARTIN** 3/16/08 850 496-0349

ATTACHMENT

50002345

FLORIDA DEPARTMENT OF STATE
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Document Number N08724**Business Entity Name** THE COLONIAL PINES HOME OWNERS ASSOCIATION, INC.**FEI Number** 593819247**FEI Number Status****Certificate of Status Desired** No**Election Campaign Financing Trust Fund Contribution** No

Principal Place of Business

Address COLONIAL PINES MOBILE APRK ASSC.**Suite, Apt. #, etc.** 2101 COLONIAL AVE**City, State** NAVARRE, FL**Zip Code & Country** 32566

Mailing Address

Address 2101 COLONIAL AVE**City, State** NAVARRE, FL**Zip Code & Country** 32566

Name And Address of Registered Agent

Name (Last, First, Middle, Title) MARTIN, THOMAS , E**Address** 2101 COLONIAL AVE**City, State** NAVARRE, FL**Zip Code & Country** 32566 US**Registered Agent Signature** THOMAS E. MARTIN

Officer/Director Name And Address

Name And Address #1

Title P**Name (Last, First, Middle, Title)** COX, CARLTON**Street Address** 9855 W. CONCORD CIR**City, State** NAVARRE, FL**Zip Code & Country** 32566

ATTACHMENT

50002345

#NO8724

Name And Address #2

Title V/P
Name (Last, First, Middle, Title) DEWALL, JANE
Street Address 2115 COLONIAL AVE
City, State NAVARRE, FL
Zip Code & Country 32566

Name And Address #3

Title S
Name (Last, First, Middle, Title) LORD, SUE
Street Address 9853 CLOVER CIR
City, State NAVARRE, FL
Zip Code & Country 32566

Name And Address #4

Title T
Name (Last, First, Middle, Title) THOMAS, MARTIN
Street Address 9876 E CONCORD CIR
City, State NAVARRE, FL
Zip Code & Country 32566

Title T
Officer/Director Signature THOMAS MARTIN

Continue