



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90079 028 ****70.00

DOCUMENT # N08926 1. Entity Name COLONIAL COLONY SOUTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1290 MONTICELLO DR DAYTONA BEACH, FL 32119-1559 US				Mailing Address 1290 MONTICELLO DR DAYTONA BEACH, FL 32119-1559 US	
2. Principal Place of Business 1284 Monticello Dr. Suite, Apt. #, etc.		3. Mailing Address 1284 Monticello Dr. Suite, Apt. #, etc.			
City & State Daytona Beach, FL 32119		City & State Daytona Beach, FL 32119		4. FEI Number 59-2530239	
Zip 32119		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DONNA J. 1290 MONTICELLO DR DAYTONA BEACH, FL 32119				7. Name and Address of New Registered Agent Name Catherine R. Brooks Street Address (P.O. Box Number is Not Acceptable) 1284 Monticello Dr. City Daytona Beach FL Zip Code 32119	
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 Catherine R. Brooks, Secretary/Director <i>Catherine R. Brooks</i> 4/12/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	DS BROOKS, CATHERINE 1284 MONTICELLO DR DAYTONA BEACH, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Gaidurgis 1277 Jamestown Drive Daytona Beach, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STANKIEWICZ, JOSEPHINE 1288 MONTICELLO DR DAYTONA BEACH, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doris Mehler 1284 Mt. Vernon Dr. Daytona Beach, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOERR, MARY 1264 PLANTATION PLACE DAYTONA BEACH, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Mary Doerr 1264 Plantation Pl. Daytona Beach, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, DONNA J. 1290 MONTICELLO DR DAYTONA BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Josephine Townsend 1273 Plantation Pl. Daytona Beach, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT WALTER, RUIGROK 1257 MONTICELLO DR DAYTONA BEACH, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Walter Ruigrok 1257 Monticello Drive Daytona Beach, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FITCH, LINDA 1279 CONSTITUTION DR DAYTONA BEACH, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Skumin 1274 Pilgrim Pl. Daytona Beach, FL 32119	<input type="checkbox"/> Change <input checked="" 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: Catherine R. Brooks <i>Catherine R. Brooks</i> 4/12/04 (386) 322-3596 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment
ID# N08926

Continuation of Block 11

D
Evelyn Gibbs
1290 Constitution Dr.
Daytona Beach, FL 32119

Addition