

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N09858

1. Entity Name
**COLONIAL COLONY NORTH HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**1100 8TH STREET
DAYTONA BEACH, FL 32117 US**

Mailing Address
**910 N. COLONIAL CIRCLE
DAYTONA BEACH, FL 32117**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2518103

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEACOCK, PATRICIA A
910 N. COLONIAL CIRCLE
DAYTONA BEACH, FL 32117**

**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

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

(NOTE: Registered Agent signature required when resigning)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PEACOCK, PATRICIA A
910 N. COLONIAL CIRCLE
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PROBASCO, OWEN
849 W. COLONIAL CIRCLE
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LAPORTE, ALBERTA
848 W. COLONIAL CIRCLE
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HULL, ALFREDA
852 W COLONIAL CR
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
TORRANCE, ROBERT
960 N. COLONIAL CIRCLE
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000604126
01/29/07-80041-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Patricia A. Peacock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07 386-239-0828
Date Daytime Phone #