

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 034 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEACOCK, PATRICIA A 910 N. COLONIAL CIRCLE DAYTONA BEACH, FL 32117				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 _____ <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, 2008		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	P PEACOCK, PATRICIA A <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEACOCK, PATRICIA A		NAME		
STREET ADDRESS	910 N. COLONIAL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROBASCO, OWEN		NAME		
STREET ADDRESS	849 W. COLONIAL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAPORTE, ALBERTA		NAME		
STREET ADDRESS	848 W. COLONIAL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULL, ALFREDA		NAME		
STREET ADDRESS	852 W COLONIAL CR		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE	TT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRANCE, ROBERT		NAME		
STREET ADDRESS	960 N. COLONIAL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Patricia A Peacock, Pres.</i> PATRICIA A. PEACOCK <i>2/11/08</i> <i>386 239-0828</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					