

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09858

FILED  
Mar 09, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1100 8TH STREET  
DAYTONA BEACH, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

910 N. COLONIAL CIRCLE  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

**FEI Number:** 59-2518103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEACOCK, PATRICIA A  
Address: 910 N. COLONIAL CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VP  
Name: PROBASCO, OWEN  
Address: 849 W. COLONIAL CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: S  
Name: TRASCRITTI, ROSEMARY  
Address: 944 N. COLONIAL CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: T  
Name: TORRANCE, CAROL  
Address: 960 N. COLONIAL CR  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: TT  
Name: TORRANCE, ROBERT  
Address: 960 N. COLONIAL CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. PEACOCK

P

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date