

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

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N10484 1. Entity Name COLONIAL PARK AT SYLVANSIDE ASSOCIATION, INC.	
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Principal Place of Business 3000-4 HARTLEY RD JACKSONVILLE, FL 32257 US	Mailing Address 11940 LITTLE CK LN JACKSONVILLE, FL 32223 US
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01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2606783	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RYAN, WILLIAM B, JR. 3000-8 HARTLEY ROAD JACKSONVILLE, FL 32257
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**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 <u>[Signature]</u> <i>No Change</i> DATE <u>1-26-07</u>
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000614189 02/06/07-80015-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIMBALL, HARRY 11940 LITTLE CREEK LN JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMBALL, DAIR 11940 LITTLE CREEK LN JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, JR., WILLIAM 300-8 HARTLEY ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>[Signature]</u> <i>1-26-07 904-268-8804</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date <i>1-26-07</i> Daytime Phone # <i>904-268-8804</i>

cis9ejuno.com