

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N10484

1. Entity Name
COLONIAL PARK AT SYLVANSIDE ASSOCIATION, INC.



Principal Place of Business
3000-4 HARTLEY RD
JACKSONVILLE, FL 32257 US

Mailing Address
11940 LITTLE CK LN
JACKSONVILLE, FL 32223 US

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2606783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, WILLIAM B., JR.
3000-8 HARTLEY ROAD
JACKSONVILLE, FL 32257

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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	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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U00000953771
07/09/08-80004-015 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-08 904-268-8804

Date

Daytime Phone #