

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11127

FILED
Feb 10, 2009
Secretary of State

Entity Name: COLONIAL OAKS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5300 BENT OAK DRIVE
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 50082
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2651663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, KEVIN T
THE LAW OFFICES OF KEVIN T. WELLS, P.A.
22 S. LINKS AVENUE, SUITE 301
SARASOTA, FL 34236 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 () Delete
Name: ROMACZUK, ANTHONY
Address: 5604 BENT OAK DR
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: ROSENBERG, JERRY
Address: 5300 BENT OAK DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: MURPHY, SARAH
Address: 2286 CORK OAK ST
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: SCHMIDT, WILLIAM A
Address: 2515 WYE OAK LANE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: WOLFER, JEAN
Address: 2425 E BURR OAK ST
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KARINS, WILLIAM
Address: 2549 WYE OAK LANE
City-St-Zip: SARASOTA, FL 34232

Title: S () Change (X) Addition
Name: ROMANCZUK, ASSUNTA
Address: 5604 BENT OAK DR
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM SCHMIDT

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date