

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 020 ****61.25

DOCUMENT # N11856

1. Entity Name
COLONIAL LANDINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**PO BOX 196025
WINTER SPRINGS, FL 32719-6025**

Mailing Address
**PO BOX 196025
WINTER SPRINGS, FL 32719-6025**

40037257



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

02282007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2791206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASC PROPERTY SERVICES INC.
301 E. PINE STREET STE 150
ORLANDO, FL 32801**

Name **FRAYDA R. MORRIS**
Street Address (P.O. Box Number is Not Acceptable)
Central Association Mgmt
14125 Serene Lake Drive
City **Orlando** FL Zip Code **32831**

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 **FRAYDA R. MORRIS** **FRAYDA R. MORRIS**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/28/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 **PRES** ☒ Delete
NAME **BRIERLEY, KEVIN**
STREET ADDRESS **PO BOX 196025**
CITY-ST-ZIP **WINTER SPRINGS, FL 327196025**

TITLE **President** ☐ Change ☒ Addition
NAME **Ryan Courech**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **COURECH, RAY**
STREET ADDRESS **PO BOX 196025**
CITY-ST-ZIP **WINTER SPRINGS, FL 327196025**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Marcia Neff**
STREET ADDRESS
CITY-ST-ZIP

TITLE **BM** ☐ Delete
NAME **MISSICK, HERB**
STREET ADDRESS **PO BOX 196025**
CITY-ST-ZIP **WINTER SPRINGS, FL 327196025**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Jeunifen Borgard**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Pat Palmer**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Herb Missick**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 **407-754-4154**
Date Daytime Phone #