

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11856

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** COLONIAL LANDINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1128 E DONEGAN AVE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

1136 E DONEGAN AVE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1128 E DONEGAN AVE  
KISSIMMEE, FL 34744

**New Mailing Address:**

1136E DONEGAN AVE  
KISSIMMEE, FL 34744

**FEI Number:** 59-2791206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRIS, FRAYDA R  
1128 E DONEGAN AVE  
ORLANDO, FL 32837 US

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

MORRIS, FRAYDA R  
1136E DONEGAN AVE  
ORLANDO, FL 32837 US

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:

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: COURECH, RYAN  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 327196025

Title: P ( ) Delete  
Name: NEFF, MARCIA  
Address: PO BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 327196025

Title: D ( ) Delete  
Name: MISSICK, HERB  
Address: P.O. BOX 196025  
City-St-Zip: WINTER SPRINGS, FL 32719

**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:

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: MARCIA NEFF

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date