2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N23058

Entity Name: COLLINS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

14444 KANDI CT
LARGO, FL 33774 US

New Principal Place of Business:

14513 MARK DRIVE
LARGO, FL 33774 US

Current Mailing Address:

P O BOX 502
INDIAN ROCKS BCH, FL 33785 US

New Mailing Address:

FEI Number: 59-2874061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCFARIN, JAMES M
14535 MARK DR
LARGO, FL 33774 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:	PD	( ) Delete
Name:	TARNTINO, GEORGE	
Address:	14535 MARK DR	
City-St-Zip:	LARGO, FL 33774	
Title:	VP	( ) Delete
Name:	MCBAINE, JOHN	
Address:	14221 JOEL CT	
City-St-Zip:	LARGO, FL 33774	
Title:	TD	( ) Delete
Name:	MCFARLIN, JAMES	
Address:	14513 MARK DR	
City-St-Zip:	LARGO, FL 33774	
Title:	STD	( ) Delete
Name:	HUGGERT, WILL	
Address:	14045 JOEL CT	
City-St-Zip:	LARGO, FL 33774	
Title:	D	( ) Delete
Name:	LAWRENCE, LEILA	
Address:	10762 CHRISTOPHER CT	
City-St-Zip:	LARGO, FL 33774	
Title:	D	(X) Delete
Name:	SALDANIA, IRWIN	
Address:	14249 MARK DR	
City-St-Zip:	LARGO, FL 33774	

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:	( ) 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: JAMES M MCFARLIN T 03/16/2009

Electronic Signature of Signing Officer or Director — Date