



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90427 029 \*\*\*\*61.25

DOCUMENT # N48352					
1. Entity Name COLLINS LAKES ESTATES OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O NANCY 8067 PINEVERDE LANE JACKSONVILLE, FL 32244 US			Mailing Address C/O NANCY 8067 PINEVERDE LANE JACKSONVILLE, FL 32244 US		
2. Principal Place of Business C/O Norma Swagel Suite, Apt. #, etc.		3. Mailing Address 8146 Corky Lane Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32244		Country US		4. FEI Number 59-3125688	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		04272005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent SMITH, NANCY 8067 PINEVERDE JACKSONVILLE, FL 32244		7. Name and Address of New Registered Agent Name Norma Swagel Street Address (P.O. Box Number is Not Acceptable) 8146 Corky Lane City Jacksonville FL Zip Code 32244			
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 <i>Norma Swagel</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 4/27/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD CHATHAM, JOHN 8133 CORKY LANE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Norma Swagel 8146 Corky Lane Jacksonville, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTLER, KENNETH 8131 PINEVERDE LANE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, NANCY 8067 PINEVERDE LANE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ARMSTRONG, ROBERT 5441 CORKY COURT JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAL CALDAS, OBED SR 8127 CORKY COURT JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RALD MIKELL, GREGORY 8044 CORKY COURT JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Norma Swagel</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/27/05	
				Daytime Phone # 904 202-4424	