

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2007 90204 004 ****70.00

DOCUMENT # N48352
 1. Entity Name
 COLLINS LAKES ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business
 C/O NORMA SWAGEL
 8146 CORKY LANE
 JACKSONVILLE, FL 32244 US

Mailing Address
 C/O NORMA SWAGEL
 8146 CORKY LANE
 JACKSONVILLE, FL 32244 US



2. Principal Place of Business - No P.O. Box #
 C/O NANCY LOWINSKI
 Suite, Apt. #, etc.
 8171 Pineverde Ln
 City & State
 Jacksonville, FL
 Zip
 32244 Country
 Duval

3. Mailing Address
 C/O NANCY LOWINSKI
 Suite, Apt. #, etc.
 P.O. Box 440220
 City & State
 Jacksonville, FL
 Zip
 32222 Country
 Duval

03022007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3125688 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SWAGEL, NORMA
 8146 CORKY LANE
 JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent
 Name
 LOWINSKI, NANCY
 Street Address (P.O. Box Number is Not Acceptable)
 8171 Pineverde Ln
 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 Nancy B. Lowinski NANCY B. LOWINSKI DATE 4/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSON, MARTIN 8130 CORKY LN 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	D BUTLER, KENNETH 8131 PINEVERDE LANE JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA/D BUTLER, KENNETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8131 Pineverde Ln JACKSONVILLE, FL 32244
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	V/D SMITH, NANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8067 Pineverde Ln JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWAGEL, NORMA <input checked="" type="checkbox"/> Delete 8146 CORKY LANE JACKSONVILLE, FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LOWINSKI, NANCY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8171 Pineverde Ln JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STACEY, ANN <input type="checkbox"/> Delete 8060 CORKEY CT. E JACKSONVILLE, FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: Nancy B. Lowinski NANCY B. LOWINSKI DATE 4/17/07 (904)278-1675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #