

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90003 049 ****61.25

DOCUMENT # N95000005032

1. Entity Name
COLONY PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**11100 WEST COLONIAL DRIVE
OCOOEE, FL 34761 US**

Mailing Address
**5930 FROND WAY
APOLLO BEACH, FL 33572 US**

54062402



2. Principal Place of Business

3. Mailing Address
901 Apollo Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

07062004 Chg-NP CR2E037 (10/03)

City & State

City & State
Apollo Beach, FL

4. FEI Number
65-0613845

Applied For
Not Applicable

Zip

Country

Zip

33572

Country

USA

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

**HOLDSWORTH, JOHN
5930 FROND WAY
APOLLO BEACH, FL 33572**

Name

Street Address (P.O. Box Number is Not Acceptable)

**901 Apollo Beach Blvd.,
Suite A**

City

Apollo Beach

FL

Zip Code

33572

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-6-04

**Filing Fee is \$61.25
Due by September 8, 2004**

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
DALECCIO, NORMA
831-A SKY LAKE CIRCLE
ORLANDO, FL 32809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BETANCOURT, CARMEN
831-A SKY LAKE CIRCLE
ORLANDO, FL 32809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MATEO-GONZALEZ, LUCY
831-A SKY LAKE CIRCLE
ORLANDO, FL 32809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-04 / 813-649-1133

Date

Daytime Phone #