

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90004 002 \*\*\*\*70.00

<b>DOCUMENT # N98000005317</b>			
<b>1. Entity Name</b> COLONIALTOWN NEIGHBORHOOD ASSOCIATION, INC.			
<b>Principal Place of Business</b> P. O. BOX 11163 ORLANDO, FL 32814		<b>Mailing Address</b> P. O. BOX 11163 ORLANDO, FL 32814	
<b>2. Principal Place of Business</b> P.O. BOX 533502 Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. BOX 533502 Suite, Apt. #, etc.	
<b>City &amp; State</b> Orlando, FL Zip: 33853-3502 Country:		<b>City &amp; State</b> Orlando, FL Zip: 33853-3502 Country:	
<b>4. FEI Number</b> 59-3321354		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HOOD, MARSHALL G 2032 ILLINOIS STREET ORLANDO, FL 32803		<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____	
<b>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.</b> SIGNATURE: <u>Marshall G Hood</u> DATE: <u>3-16-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: PD NAME: WELCH, TIMOTHY STREET ADDRESS: 1218 MONTANA ST CITY-ST-ZIP: ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: HAFFER, STEVE STREET ADDRESS: 1904 E. MARKS ST CITY-ST-ZIP: ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HOOD, MARSHALL G STREET ADDRESS: 2032 ILLINOIS ST CITY-ST-ZIP: ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: EMMONS, JEFF STREET ADDRESS: 1712 WEBER ST CITY-ST-ZIP: ORLANDO, FL 32803	<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: _____	<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: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>Marshall G Hood</u>		Date: <u>3-16-06</u> Daytime Phone #: <u>407-929-6260</u>	