

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005317

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** COLONIALTOWN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 533502  
ORLANDO, FL 338533502

**New Principal Place of Business:**

1218 MONTANA ST  
ORLANDO, FL 32803

**Current Mailing Address:**

PO BOX 533502  
ORLANDO, FL 338533502

**New Mailing Address:**

PO BOX 533502  
ORLANDO, FL 328533502

**FEI Number:** 59-3321354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOOD, MARSHALL G  
2032 ILLINOIS STREET  
ORLANDO, FL 32803 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: WELCH, TIMOTHY  
Address: 1218 MONTANA ST  
City-St-Zip: ORLANDO, FL 32803

Title: VPD ( ) Delete  
Name: HAFER, STEVE  
Address: 1904 E. MARKS ST  
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete  
Name: HOOD, MARSHALL G  
Address: 2032 ILLINOIS ST  
City-St-Zip: ORLANDO, FL 32803

**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:

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: TIMOTHY WELCH

PD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date