2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 07, 2008 8:00 am **Secretary of State** DOCUMENT # N99000002450 1. Entity Name 03-07-2008 90040 044 ****61.25 HOMEOWNER'S ASSOCIATION OF COLONY PARK, INC. Principal Place of Business Mailing Address 105 COLONY PARK DR 105 COLONY PARK DR MIRAMAR BEACH FL 32550 MIRAMAR BEACH FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3588173 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOYNER, CHARLANN Street Address (P.O. Box Number is Not Acceptable) 105 COLONY PARK DR MIRAMAR BEACH FL 32550 City Zip Code 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, typed or printed name of registered agent and tale if applicable, (NOTE: Registered Agent signature required when reinstating) a filozópi szlakak i igyelegy FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State the marking but male. 小形 保护 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition JOYNER, CHARLANN NAME NAME STREET ADDRESS 105 COLONY PARK DR STREET ADDRESS MIRAMAR BEACH FL 32550 CITY - ST - ZIP CITY-ST-ZIP TITLE Delate Change Addition GRIFFITH, FRANK T NAME NAME 62 COLONY DR STREET ADDRESS STREET ADDRESS MIRAMAR BEACH FL 32550 CITY-ST-ZIP CITY-ST-2iP TITLE Delete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2/P TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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indicated on this report of supplemental report is the ad 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 of the lessiver 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 a other like empowered.

formation supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE leader one Charlam Joyner 2/28/08 850-257-142

12. Thereby certify that th