

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90002 021 ****61.25

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|--|---|---|--|--|--|
| DOCUMENT # N99000005763 1. Entity Name COLONIAL HILLS HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business P.O. BOX 3644 RIVERVIEW, FL 33568 | | | Mailing Address P.O. BOX 2608 VALRICO, FL 33594 | | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. Box 3644 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Riverview, FL | | 4. FEI Number 59-3634814 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33568 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PITROWSKI, RICK 309 N PARSONS AVE. BRANDON, FL 33510 | | | 7. Name and Address of New Registered Agent Name Dave Charbeneau Street Address (P.O. Box Number is Not Acceptable) 12033 Colonial Estates Lane City Riverview FL Zip Code 33569 | | |
| 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 <u>Dave Charbeneau</u> <u>Ed Ch...</u> 2-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 GALATI, JAY 12206 COLONIAL ESTATES LANE RIVERVIEW, FL 33569 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT DIRECTOR Charbeneau, Dave 12033 Colonial Estates Lane Riverview, FL 33569 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GREZLICK, MIKE 12102 COLONIAL ESTATES LANE RIVERVIEW, FL 33569 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT DIRECTOR Bessette, Ken 12104 Colonial Estates Lane Riverview, FL 33569 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD BESSETTE, KEN 12104 COLONIAL ESTATES LANE RIVERVIEW, FL 33569 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY DIRECTOR Schroeder, Kathryn 12106 Colonial Estates Lane Riverview, FL 33569 | <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 | TREASURER DIRECTOR Gearthart, James 13414 Lynnefree Lane Riverview, FL 33569 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SPECIAL EVENTS DIRECTOR Charbeneau, Linda 12033 Colonial Estates Lane Riverview, FL 33569 | <input type="checkbox"/> Change <input checked="" 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: <u>Kathryn Schroeder</u> <u>Kathryn J. Schroeder</u> 2/22/06 813-841-1267 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |