2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# N99000005763

Entity Name: COLONIAL HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 3644
RIVERVIEW, FL 33568

New Principal Place of Business:

12033 COLONIAL ESTATES LN
RIVERVIEW, FL 33568

Current Mailing Address:

PO BOX 3644
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 59-3634814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARBENEAU, DAVE
12033 COLONIAL ESTATES LN
RIVERVIEW, FL 33569 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:	CHARBENEAU, DAVE	
Address:	12033 COLONIAL ESTATES LN	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	VPD	( ) Delete
Name:	BESSETTE, KEN	
Address:	12104 COLONIAL ESTATES LN	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	SD	( ) Delete
Name:	SCHROEDER, KATHRYN	
Address:	12106 COLONIAL ESTATES LN	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	TD	( ) Delete
Name:	GEARHART, JAMES	
Address:	13414 LYNNETRAC LN	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	SED	( ) Delete
Name:	CHARBENEAU, LINDA	
Address:	12033 COLONIAL ESTATES LN	
City-St-Zip:	RIVERVIEW, FL 33569	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	WOOLLEY, SHEENA	
Address:	12030 COLONIAL ESTATES LN	
City-St-Zip:	RIVERVIEW, FL 33569	
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 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: DAVID CHARBENEAU PD 04/12/2007

Electronic Signature of Signing Officer or Director — Date