2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000116194



FILED Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90165 048 ***150.00

1. Entity Name COLLINWOOD PROPERTIES, INC.											
	e of Business DLIA BEACH ROAD (BEACH, FL 32408	Mailing Address 4600 MAGNOLIA BEACH ROAD PANAMA CITY BEACH, FL 32408				·					
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			04082007	Chg	-P	CR2E0	34 (12/06)	
City & State		City & State	City & State			4. FEI Number 20-3453161					plied For ot Applicable
Zip	Country	Zip	Zip Count		5. Certificate of Status			Desired			
	6. Name and Address of Current	Registered Agent				7. Name and	Address	of New Rec	istered A	\gent	
				Name							
4527 MAG	R, CLAUDIA C NOLIA BEACH ROAD CITY BEACH, FL 32408		Street Address (O. Box Numbe		cceptable) BEACH	ROF	4Δ	
				City					FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s register	ed office or re	egistered	d agent, or bot	th, in the S	tate of Flori	da.lam f	amiliar with,	and accept
0.01.1.7.1.07											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registere	d Agent signature	required wi	hen reinstating)			DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con	_	ncing		0 May Be I to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGE	S TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE	D	☐ Delete		TITLE						☐ Change	☐ Addition
NAME	COLLINS, MARION M		NAM	E	41-00	MAG	TOLIA	BEAL	H Ra.	A10	
STREET ADDRESS CITY-ST-ZIP	4527 MAGNOLIA BEACH ROAD PANAMA CITY BEACH, FL 32408		1	ET ADDRESS -ST-ZIP	7,000	,,,,					
TITLE		□ Delete	TITU	1						☐ Change	Addition
NAME Street Address			NAM	EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							}
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS '-ST-ZIP							
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CITY-ST-ZIP			-	'-ST-ZIP							<u> </u>
TITLE NAME		☐ Delete	NAM							☐ Change	Addition
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CITY-ST-ZIP				-ST-ZIP							
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NAME			NAM								İ
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-SI-ZIP							
····	certify that the information supplied wit	h this filing does not availe:			ntnined i	n Charter 140) Elosida	Cinhiton 14	uthor ac-	ifu that the !	nformation
	certify that the information supplied wit on this report or supplemental report										

of the corporation or the receiver or trustee empowered to execute and that my signature shall have the same legal effect as it made under dain, that it am an online or of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, 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.

Polleris Maylox M. Collux S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-07

850-234-2556 Daytime Phone #

Date