### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08724

Entity Name: THE COLONIAL PINES HOME OWNERS ASSOCIATION, INC.

**FILED** Mar 24, 2020 **Secretary of State** 7978429222CC

# **Current Principal Place of Business:**

COLONIAL PINES MOBILE PARK ASSC. 2100 COLONIAL AVE NAVARRE, FL 32566

## **Current Mailing Address:**

2100 COLONIAL AVE NAVARRE, FL 32566 US

FEI Number: 59-3619247 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COLEY, ALBERT T 2115 MUSKET DRIVE NAVARRE, FL 32566 US

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: ALBERT T. COLEY 03/24/2020

> Date Electronic Signature of Registered Agent

> > Title

#### Officer/Director Detail:

Title

VΡ ASST. TREASURER Name MULLERY, CHRISTINA L Name PARSONS, LINDA L Address 2154 COLONIAL AVENUE Address 2219 COLONIAL AVE

City-State-Zip: NAVARRE FL 32566 City-State-Zip: NAVARRE FL 32566

Title **TREASURER** Title **SECRETARY** 

Name KASCHAK, PHILLIP M Name WOODWARD, LINDA Address 2220 MUSKET DR Address 2158 COLONIAL AVENUE City-State-Zip: NAVARRE FL 32566 NAVARRE FL 32566 City-State-Zip:

Title **PRESIDENT** Title ASST. SECRETARY

MULLERY, CHRISTINA Name Name PARKS, DAVE 9876 JASMINE CIR Address Address 9877 BUTTERCUP CIR City-State-Zip: NAVARRE FL 32566 City-State-Zip: NAVARRE FL 32566

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP M KASCHAK

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

03/24/2020