

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08724

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

01/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	S
Name	DURFEE, CARL
Address	9855 W. CONCORD CIRCLE
City-State-Zip:	NAVARRE FL 32566

Title	T
Name	MULLERY, CHRISTINA L
Address	2154 COLONIAL AVENUE
City-State-Zip:	NAVARRE FL 32566

Title	VP
Name	PARSONS, LINDA L
Address	2219 COLONIAL AVE
City-State-Zip:	NAVARRE FL 32566

Title	PRESIDENT
Name	WOODWARD, LINDA
Address	2158 COLONIAL AVENUE
City-State-Zip:	NAVARRE FL 32566

Title	ASST. TREASURER
Name	KASCHAK, PHILLIP M
Address	2220 MUSKET DR
City-State-Zip:	NAVARRE FL 32566

Title	ASST. SECRETARY
Name	PARKS, DAVE
Address	9877 BUTTERCUP CIR
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

ASST TREASURER

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date