

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48352

**Entity Name:** COLLINS LAKES ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ELLIS STACEY  
8060 CORKY CT. E.  
JACKSONVILLE, FL 32244

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC8670141028**

**Current Mailing Address:**

ELLIS STACEY  
8060 CORKY CT. E.  
JACKSONVILLE, FL 32244 US

**FEI Number: 59-3125688**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STACEY, ELLIS H PD  
8060 CORKY CT E  
JACKSONVILLE, FL 32244 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name STACEY, ELLIS  
Address 8060 CORKY CT. EAST  
City-State-Zip: JACKSONVILLE FL 32244

Title SEC  
Name WALSH, PATRICIA  
Address 8122 CORKY LN  
City-State-Zip: JACKSONVILLE FL 32244

Title TRES  
Name PIERSON, DEBORAH  
Address 8130 CORKY LN  
City-State-Zip: JACKSONVILLE FL 32244

Title VP  
Name HAZELGROVE, SHAWN  
Address 8133 CORKY LN  
City-State-Zip: JACKSONVILLE FL 32244

*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: DEBORAH PIERSON**

**TREASURER**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date