

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

DOCUMENT# N99000005763

**Entity Name:** COLONIAL HILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12030 COLONIAL ESTATES LN  
RIVERVIEW, FL 33579

**Current Mailing Address:**

PO BOX 3644  
RIVERVIEW, FL 33568 US

**FEI Number:** 59-3634814

**Certificate of Status Desired:** No

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

FRAZIER & BROWN  
202 S. ROME AVE., SUITE 125  
TAMPA, FL 33606 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 STALEY, MARK  
Address PO BOX 3644  
City-State-Zip: RIVERVIEW FL 33568

Title SD  
Name WOOLLEY, SHEENA  
Address PO BOX 3644  
City-State-Zip: RIVERVIEW FL 33568

Title TD  
Name ROWE, DONNA  
Address PO BOX 3644  
City-State-Zip: RIVERVIEW FL 33568

Title SD  
Name SEE, CATLIN  
Address PO BOX 3644  
City-State-Zip: RIVERVIEW FL 33568

Title VP  
Name MAYS, SUE  
Address PO BOX 3644  
City-State-Zip: RIVERVIEW FL 33568

*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: DONNA ROWE**

**TREASURER**

**01/10/2019**

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

\_\_\_\_\_  
Date