


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|                                      |  |   |
|--------------------------------------|--|---|
| DOCUMENT # 721775                    |  |  |
| 1. Entity Name<br>COLONY POINT, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>1 COLONY POINT DR.<br>PUNTA GORDA, FL 33950 US | Mailing Address<br>1 COLONY POINT DR.<br>PUNTA GORDA, FL 33950 US |
|---|---|

|                                |  |                     |  |
|--------------------------------|--|---------------------|--|
| 2. Principal Place of Business |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  |
| City & State                   |  | City & State        |  |
| Zip                            |  | Zip                 |  |
| Country                        |  | Country             |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                          |  |
| WARWICK, STEPHEN E<br>1 COLONY POINT DRIVE, #4C<br>PUNTA GORDA, FL 33950 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name<br>Kristine W. Wishard                        |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| 23081 Harborview Rd 2nd Floor                      |          |
| City   | Zip Code |
| Port Charlotte FL                                  | 33980    |

|   |        |
|---|--------|
| 8. 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. I am familiar with, and accept the obligations of registered agent. |        |
| SIGNATURE   | DATE   |
| <i>Kristine W. Wishard</i>  | 6/6/05 |

|                       |   |                                |  |
|-----------------------|---|--------------------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|-----------------------|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---------------------------------|---|---|
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| D<br>CLARK, MARY V<br>1 COLONY POINT DR., #14-B<br>PUNTA GORDA, FL 33950      |                                 |   |   |
| T<br>ZIEGLER, L. DAVID<br>1 COLONY POINT DRIVE, #11B<br>PUNTA GORDA, FL 33950 |                                 |   |   |
| ST<br>SCHMITS, LARRY<br>1 COLONY POINT DRIVE, #18C<br>PUNTA GORDA, FL 33950   |                                 |   |   |
| P<br>WARWICK, STEPHEN E<br>1 COLONY POINT DRIVE, #4C<br>PUNTA GORDA, FL 33950 |                                 |   |   |
| VP<br>ROBERTSON, JOSEPH<br>1 COLONY POINT DR.<br>PUNTA GORDA, FL 33950        |                                 |   |   |
|   |                                 |   |   |
|   |                                 |   |   |

|   |                 |
|---|-----------------|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                 |
| SIGNATURE: <i>Lawrence D. Ziegler</i>   | DATE: 6-21-05   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | Daytime Phone # |
|   | 941-639-6135    |

FILED  
05 JUL 15 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06032005 Chg-NP CR2E037 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-1461596 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|---|-----------------------------------|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name<br>Kristine W. Wishard                        |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| 23081 Harborview Rd 2nd Floor                      |          |
| City   | Zip Code |
| Port Charlotte FL                                  | 33980    |

|   |        |
|---|--------|
| 8. 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. I am familiar with, and accept the obligations of registered agent. |        |
| SIGNATURE   | DATE   |
| <i>Kristine W. Wishard</i>  | 6/6/05 |

|                       |   |                                |  |
|-----------------------|---|--------------------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|-----------------------|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---------------------------------|---|---|
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS  |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                 | CITY-ST-ZIP   |   |
| D<br>CLARK, MARY V<br>1 COLONY POINT DR., #14-B<br>PUNTA GORDA, FL 33950      |                                 |   |   |
| T<br>ZIEGLER, L. DAVID<br>1 COLONY POINT DRIVE, #11B<br>PUNTA GORDA, FL 33950 |                                 |   |   |
| ST<br>SCHMITS, LARRY<br>1 COLONY POINT DRIVE, #18C<br>PUNTA GORDA, FL 33950   |                                 |   |   |
| P<br>WARWICK, STEPHEN E<br>1 COLONY POINT DRIVE, #4C<br>PUNTA GORDA, FL 33950 |                                 |   |   |
| VP<br>ROBERTSON, JOSEPH<br>1 COLONY POINT DR.<br>PUNTA GORDA, FL 33950        |                                 |   |   |
|   |                                 |   |   |
|   |                                 |   |   |

|   |                 |
|---|-----------------|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                 |
| SIGNATURE: <i>Lawrence D. Ziegler</i>   | DATE: 6-21-05   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | Daytime Phone # |
|   | 941-639-6135    |