


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90150 031 ****61.25

DOCUMENT # 760346	
1. Entity Name COLDWAY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business COLDWAY CONDOMINIUMS 316 COLDEWAY DR., E37 PUNTA GORDA, FL 33950 US	Mailing Address JOSEPH MEHOK 316 COLDEWAY DR., E37 PUNTA GORDA, FL 33950 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01132005 Chg-NP CR2EQ37 (10/03)

4. FEI Number 58-1460033	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEHOK, JOSEPH J 316 COLDEWAY DR. E-37 PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 except the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not certifying) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: COMPERCHIO, MARIA STREET ADDRESS: 316 COLDEWAY DR., E-36 CITY, ST, ZIP: PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Date		TITLE: DIRECTOR NAME: KIRK RUBRIGHT STREET ADDRESS: 3712 HARROGATE DRIVE CITY, ST, ZIP: VALRICO, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: MEHOK, JOESPH J STREET ADDRESS: 316 COLDEWAY DR E-37 CITY, ST, ZIP: PUNTA GORDA, FL 33950 <input type="checkbox"/> Date		TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SECY NAME: MALLINSON, WILLIAM STREET ADDRESS: 35 SHERRI LANE CITY, ST, ZIP: MIDDLETOWN, RI 02842 <input type="checkbox"/> Date		TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: MURPHY, RITA STREET ADDRESS: 316 COLDEWAY DR. D32 CITY, ST, ZIP: PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Date		TITLE: DIRECTOR NAME: ROBERT HORN STREET ADDRESS: 316 COLWAY DRIVE E-39 CITY, ST, ZIP: PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: COMPERCHIO, VICTOR STREET ADDRESS: 316 COLDEWAY DR E-36 CITY, ST, ZIP: PUNTA GORDA, FL 33950 <input type="checkbox"/> Date		TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: TEEPLE, GARY STREET ADDRESS: 316 COLDEWAY DR., E-38 CITY, ST, ZIP: PUNTA GORDA, FL 33950 <input type="checkbox"/> Date		TITLE: NAME: STREET ADDRESS: 1600 RED WING COURT CITY, ST, ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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: Joseph J. Mehok JOSEPH J. MEHOK 3/5/05 941-268-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY