


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90271 015 \*\*\*\*61.25

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<b>DOCUMENT # 763222</b>					
1. Entity Name COLONY DON PEDRO PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7025 PLACIDA ROAD ENGLEWOOD, FL 34224			Mailing Address 7025 PLACIDA ROAD ENGLEWOOD, FL 34224		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  MERRY, ANNE 7025 PLACIDA ROAD ENGLEWOOD, FL 34224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAKS, PETER		NAME	MARY BATTERTON	
STREET ADDRESS	913 CENTERBROOK DRIVE		STREET ADDRESS	1000 GRIZZLY CT	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, AL		NAME		
STREET ADDRESS	PO BOX 485		STREET ADDRESS		
CITY-ST-ZIP	COLMAR, PA 18915		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKINNON, ALEX		NAME		
STREET ADDRESS	334 BLANCA AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORESTER, DONALD		NAME		
STREET ADDRESS	2218 CENTER STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK, IL 60062		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILOTT, JAMES		NAME		
STREET ADDRESS	4688 QUARRY RIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD, IL 61101		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BRUCE		NAME		
STREET ADDRESS	100 S. ASHLEY DR., SUITE 830		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
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>Mary Batteredton</i>			3/5/05 407-889-5419		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		