


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90027 036 \*\*\*\*61.25

**DOCUMENT # 763222**

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

**60018638**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01302006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  
**MERRY, ANNE**  
 7025 PLACIDA ROAD  
 ENGLEWOOD, FL 34224

4. FEI Number  
**59-2377071**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 *Anne Merry* *Anne Merry* *2/15/06*  
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAKS, PETER 913 CENTERBROOK DRIVE BRANDON, FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRITCHARD, AL PO BOX 485 COLMAR, PA 18915	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKINNON, ALEX 334 BLANCA AVE. TAMPA, FL 33606	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORESTER, DONALD 2218 CENTER STREET NORTHBROOK, IL 60062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RILOTT, JAMES 4688 QUARRY RIDGE TRAIL ROCKFORD, IL 61101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATTERTON, MARY 1000 GRIZZLY CT APOPKA, FL 32712	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<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 exemptions contained in Chapter 119, 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: *James H. Rilott* *James H. Rilott* *2/7/06* *815-964-0151*  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #