


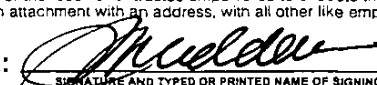


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90030 030 ****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		40127100	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05152007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2377071	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERRY ANNE ROBERT MADDEN 7025 PLACIDA ROAD ENGLEWOOD, FL 34224			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 7/23/07	
Filing Fee is \$61.25 Due by September 14, 2007		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAKS, PETER		NAME		
STREET ADDRESS	913 CENTERBROOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER/DIRECTOR	<input checked="" 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	MACKINNON, DOTTIE	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE	JONES, RANDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORESTER, DONALD		NAME		
STREET ADDRESS	2216 CENTER STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK, IL 60062		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	CONNER, KEN	<input type="checkbox"/> Change <input checked="" 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	VPD	<input type="checkbox"/> Delete	TITLE	DOOLEY, THOMAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTERTON, MARY		NAME		
STREET ADDRESS	1000 GRIZZLY CT		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE 7/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	