


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90061 025 \*\*\*\*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**

**40061652**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2377071**

Applied For  
 Not Applicable

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


**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 **ROBERT MADDEN**  
 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  DATE **3/31/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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	PD DAKS, PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	913 CENTERBROOK DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE NAME	TD PRITCHARD, AL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PO BOX 485	
CITY-ST-ZIP	COLMAR, PA 18915	
TITLE NAME	D <b>PRESIDENT</b> MACKINNON, DOTTIE	<input type="checkbox"/> Delete
STREET ADDRESS	334 BLANCA AVE.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE NAME	D JONES, RANDY	<input type="checkbox"/> Delete
STREET ADDRESS	2218 CENTER STREET	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE NAME	TD CONNER, KEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4688 QUARRY RIDGE TRAIL	
CITY-ST-ZIP	ROCKFORD, IL 61101	
TITLE NAME	VPD DOOLEY, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	1000 GRIZZLY CT	
CITY-ST-ZIP	APOPKA, FL 32712	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD KEN HINGBERINK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO BOX 342	
CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D DONY DECEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	411 8TH AVE	
CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE NAME	D DONNA SCARLEFELLI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO BOX 3124	
CITY-ST-ZIP	FLORIDA, FL 33946	
TITLE NAME	VP MARY BATTERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	31000 TERI-2224 COURT	
CITY-ST-ZIP	APOPKA, FL 32712	

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:  DATE **3/31/08** DAYTIME PHONE # **941 4757997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR