


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90002 008 \*\*\*\*61.25

DOCUMENT # 765525					
1. Entity Name COLONY KEY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5444 PARK BLVD #101 PINELLAS PARK FL 33781 US			Mailing Address C/O CMG PO BOX 47068 ST. PETERSBURG FL 33743 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2333600				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  WELTON, RONALD D 5444 PARK BLVD. PINELLAS PARK FL 33781			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW: 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 checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, GREG		NAME	Nelson, Greg	
STREET ADDRESS	5116 BAYSHORE BLVD.		STREET ADDRESS	5116 Bayshore Blvd.	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	Tampa FL 33611	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLING, KENT		NAME		
STREET ADDRESS	5114 BAYSHORE RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALBERSON, HARRIS B		NAME		
STREET ADDRESS	2609 W. BALLAST PPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, LOUISE		NAME		
STREET ADDRESS	5109 ISLES VERRO CT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKEY, KATHERINE		NAME		
STREET ADDRESS	5111 JULES VERNE CT.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 lists empowered.					
SIGNATURE: <u>Kent Walling</u>			Date: <u>4/14/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		