


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90091 050 ****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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-2333600**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$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: _____
 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: _____

FILE NOW: 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	S	<input checked="" type="checkbox"/> Delete
NAME	NELSON, GREG	
STREET ADDRESS	5116 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALLING, KENT	
STREET ADDRESS	5114 BAYSHORE RD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FIELDS, LOUISE	
STREET ADDRESS	5109 ISLES VERRO CT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERKEY, KATHERINE	
STREET ADDRESS	5111 JULES VERNE CT.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murray, Robert	
STREET ADDRESS	2601 Ballast Point Dr.	
CITY-ST-ZIP	Tampa Fl. 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hlister, Anita	
STREET ADDRESS	5107 Jules Verne Ct.	
CITY-ST-ZIP	Tampa Fl. 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kent Walling* **KENT WALLING** Date: **2/23/06** Phone: **813-875-7950**