


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90258 040 ****61.25

DOCUMENT # N01000001598

1. Entity Name
MERANO AT THE COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O GULF BREEZE MGMT. SVCS.
 27725 OLD 41, STE 104
 NAPLES, FL 34108**

Mailing Address
**C/O GULF BREEZE MGMT. SVCS.
 27725 OLD 41, STE 104
 NAPLES, FL 34108**

14009711



2. Principal Place of Business
C/O INDEPENDENT MANAGEMENT, INC.

3. Mailing Address **INDEPENDENT**
C/O MANAGEMENT, INC.

Suite, Apt. #, etc.
27499 RIVERVIEW CENTER BLVD

Suite, Apt. #, etc.
27499 RIVERVIEW CENTER BLVD

04252005 Chg-NP CR2E037 (10/03)

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number
59-3704859

Applied For
 Not Applicable

Zip
34135

Country
USA

Zip
34135

Country
USA

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

6. Name and Address of Current Registered Agent

**RUEMLER, TIMOTHY J.
 5801 PELICAN BAY BLVD.
 SUITE 600
 NAPLES, FL 34108**

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	PD MOSHER, TED 5801 PELICAN BAY BLVD. SUITE 600 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, GEORGE W 3770 CATBRIER COURT BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNSINN, DIANA 5801 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTELLE K. SHAP 5801 PELICAN BAY BLVD. NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES LINUS 5801 PELICAN BAY BLVD NAPLES, FL 34108	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: _____ **4/27/05** (239) 449-1064
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

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