2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90214 014 ****61.25

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1. Entity Name
COLONIAL POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MMI - GULF COAST 28731 SOUTH CARGO COURT, #6 BONITA SPRINGS, FL 34135	C/O MMI 14275 SW 142ND AVENUE MIAMI, FL 33186

04142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
c/o Resort Management	c/o Resort Management
Suite, Apt. #, etc.: 21685 Horseshoe Dr. S #25	Suite, Apt. #, etc.: 21685 Horseshoe Dr. S #25
City & State: Naples, FL	City & State: Naples, FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number: 81-0599763 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901	Name: ROBERT A. CUNDIFF Street Address (P.O. Box Number is Not Acceptable): 15002 BALMORAL LOOP City: FT. MYERS FL Zip Code: 33919

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: Robert A. Cundiff
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERSICHILLI, ANTHONY 12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33913	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, SCOTT 12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33913	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Robert Cundiff 15002 Balmoral Loop Ft. Myers, FL 33919	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MIRABLE, JOHN 12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33913	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS William Branthoover 15024 Balmoral Loop Ft. Myers, FL 33919	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert A. Cundiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #