

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT -8 AM 9: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000536 1. Entity Name COLONIAL POINTE COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business C/O BCH MANAGEMENT GROUP, INC. 1840 BOY SCOUT DRIVE, SUITE B FORT MYERS, FL 33907	Mailing Address C/O BCH MANAGEMENT GROUP, INC. 1840 BOY SCOUT DRIVE, SUITE B FORT MYERS, FL 33907
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2. Principal Place of Business - No P.O. Box # <i>C/O 1840 Boy Scout Drive, Suite B, Ft. Myers, FL 33907</i>	3. Mailing Address <i>C/O 1840 Boy Scout Drive, Suite B, Ft. Myers, FL 33907</i>
Suite, Apt. #, etc. <i>12734 Kenwood Lane, Suite 49, Ft. Myers, FL 33907</i>	Suite, Apt. #, etc. <i>12734 Kenwood Lane, Suite 49, Ft. Myers, FL 33907</i>
City & State <i>Ft. Myers, FL</i>	City & State <i>Ft. Myers, FL</i>
Zip <i>33907</i>	Zip <i>33907</i>
Country <i>USA</i>	Country <i>USA</i>

09052007	Chg-NP	CR2E037 (12/06)
4. FEI Number 81-0599763		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP BIAGINI, HAROLD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15074 BALMORAL LOOP	NAME	700110672807
STREET ADDRESS	FORT MYERS, FL 33919	STREET ADDRESS	10/11/07--01019--005 **\$1.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP BRANTHCOVER, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15024 BALMORAL LOOP	NAME	
STREET ADDRESS	FORT MYERS, FL 33919	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS WADDLE, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15009 BALMORAL LOOP	NAME	
STREET ADDRESS	FORT MYERS, FL 33913	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT GRENVILLE, ROBINSON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15003 BALMORAL LOOP	NAME	
STREET ADDRESS	FORT MYERS, FL 33919	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FRIER, ANNE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15011 BALMORAL LOOP	NAME	
STREET ADDRESS	FORT MYERS, FL 33919	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Asm Grispo Robin <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12734 Kenwood Lane, Su. 49	NAME	
STREET ADDRESS	Ft. Myers, FL 33907	STREET ADDRESS	→
CITY-ST-ZIP		CITY-ST-ZIP	

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: Grispo Robin Date 9/5/7 Daytime Phone # 239-939-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10