


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90089 049 ****61.25

DOCUMENT # N03000000536					
1. Entity Name COLONIAL POINTE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business C/O TROPICAL ISLES MGMT. 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907			Mailing Address C/O TROPICAL ISLES MGMT. 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 81-0599763	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIAGINI, HAROLD		NAME		
STREET ADDRESS	15074 BALMORAL LOOP		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTHCOVER, WILLIAM		NAME		
STREET ADDRESS	15024 BALMORAL LOOP		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WADDLE, JAMES		NAME	SK Waddle, James	
STREET ADDRESS	15009 BALMORAL LOOP		STREET ADDRESS	10009 Balmoral loop	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Fort Myers FL 33913	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRENVILLE, ROBINSON		NAME	Y Anne Jrier	
STREET ADDRESS	15003 BALMORAL LOOP		STREET ADDRESS	15611 Balmoral loop	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	Fort Myers FL 33913	
TITLE	ASM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRISPO, ROBIN		NAME	P Parkland Weaver	
STREET ADDRESS	12734 KENWOOD LANE STE 49		STREET ADDRESS	15015 Balmoral loop	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Fort Myers FL 33913	
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 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: <u>Harold Biagini</u>			Date: <u>Harold Biagini (239) 590-6925</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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