

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000536

FILED
Mar 15, 2011
Secretary of State

Entity Name: COLONIAL POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O TROPICAL ISLES MGMT.
12734 KENWOOD LN, STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O TROPICAL ISLES MGMT.
12734 KENWOOD LN, STE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 81-0599763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: ROBINSON, GREN
Address: 15003 BALMORAL LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: P
Name: BRANTHOOVER, WILLIAM
Address: 15024 BALMORAL LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: MCGOVERN, LEO
Address: 15019 BALMORAL LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: FRIER, ANNE
Address: 15011 BALMORAL LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: WEAVER, DARLENE
Address: 15015 BALMORAL LOOP
City-St-Zip: FORT MYERS, FL 33919

Title: ASM
Name: ROEDDING, JEANNE
Address: 12734 KENWOOD LANE, SUITE 49
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM BRANTHOOVER

P

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date