

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000536

FILED
Mar 16, 2012
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: CRANFIELD, CORITA
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: P
Name: BRANTHOVER, WILLIAM
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: MCGOVERN, LEO
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: FRIER, ANNE
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: MCCONNELL, REBECCA
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

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: RETT RUDLAND

CAM

03/16/2012

Electronic Signature of Signing Officer or Director

Date