

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N03000004479

Entity Name: LA SCALA AT THE COLONY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

LA SCALA THE COLONY CONDO  
5051 PELICAN COLONY BL  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

5051 PELICAN COLONY BLVD  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 38-3682329      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOIACONO, JOSEPH  
5051 PELICAN COLONY BL  
BONITA SPRINGS, FL 34134      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: P      ( ) Delete  
Name: FENTIMAN, ANDREW  
Address: 5051 PELICAN COLONY BLVD #603  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP      ( ) Delete  
Name: MCGARVEY, JOHN  
Address: 5051 PELICAN COLONY BL #1904  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D      ( ) Delete  
Name: ROONEY, SHAWN  
Address: 5051 PELICAN COLONY BL #1704  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TR      ( ) Delete  
Name: FRENCH, JOSEPH  
Address: 5051 PELICAN COLONY BL #1502  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S      ( ) Delete  
Name: BESIKOF, MARSHALL  
Address: 5051 PELICAN COLONY BL #402  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH LOIACONO

MGR

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date