

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90178 010 \*\*\*\*61.25

**DOCUMENT # N03094**

1. Entity Name

COLONY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% CONDOMINIUM MANAGEMENT GROUP INC.  
 P.O. BOX 47068  
 ST. PETERSBURG FL 33743-7068  
 US

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 P.O. BOX 47068  
 ST. PETERSBURG FL 33743-7068  
 US

14020841



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2491234

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELTON, RONALD D  
 5530 1ST AVE N  
 SAINT PETERSBURG FL 33710

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33781

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$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 VP  Delete  
 NAME CAROTENUTO, BEN  
 STREET ADDRESS 5222 S RUSSELL ST #29  
 CITY-ST-ZIP TAMPA FL 33611

TITLE P  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME HAMILTON, ANTHONY  
 STREET ADDRESS 5220 RUSSEL STREET #32  
 CITY-ST-ZIP TAMPA FL 33611

TITLE T  Change  Addition  
 NAME Tracey McDonald  
 STREET ADDRESS 5226 S. Russell St. #40  
 CITY-ST-ZIP Tampa Fl. 33611

TITLE D  Delete  
 NAME HOPPER, JANICE  
 STREET ADDRESS 5220 RUSSELL ST #39  
 CITY-ST-ZIP TAMPA FL 33611

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME ALESSI, TONY  
 STREET ADDRESS 5203 BAYSHORE BLVD #10  
 CITY-ST-ZIP TAMPA FL 33611

TITLE VP  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  Delete  
 NAME KLOPFENSTEIN, TONI  
 STREET ADDRESS 5203 BAYSHORE BLVD #05  
 CITY-ST-ZIP TAMPA FL 33611

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME BARR, MARY LOU  
 STREET ADDRESS 5222 S RUSSELL ST #30  
 CITY-ST-ZIP TAMPA FL 33611

TITLE D  Change  Addition  
 NAME Florence Hassell  
 STREET ADDRESS 5207 Bayshore Blvd. #17  
 CITY-ST-ZIP Tampa Fl. 33611

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

Daytime Phone #