


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90012 027 \*\*\*\*61.25

**DOCUMENT # N03094**  
 1. Entity Name  
**COLONY OAKS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5444 PARK BLVD., #101**  
**PINELLAS PARK, FL 33781 US**

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

40119577



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05072007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-2491234**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**WELTON, RONALD D**  
**5444 PARK BLVD., #101**  
**PINELLAS PARK, FL 33781**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CAROTENUTO, BEN	5222 S RUSSELL ST #29	TAMPA, FL 33611	<input type="checkbox"/>
D	BERNHARDT, CAROLINE	5207 BAYSHORE BLVD SUITE 19	TAMPA, FL 33611	<input checked="" type="checkbox"/>
S	BARR, MARY LOU	5222 SOUTH RUSSELL ST SUITE 30	TAMPA, FL 33611	<input checked="" type="checkbox"/>
VP	ALESSI, TONY	5203 BAYSHORE BLVD #10	TAMPA, FL 33611	<input type="checkbox"/>
D	HASSELL, FLORENCE	5207 BAYSHORE BLVD., #17	TAMPA, FL 33611	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add or
	Bryan McDonald	5220 S. Russell St. #40	Tampa, FL 33611	<input type="checkbox"/>	<input type="checkbox"/>
	Ann Goldman	5203 Bayshore Blvd #6	Tampa, FL 33611	<input type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Tap Hendley	5222 S. Russell St. #24	Tampa, FL 33611	<input type="checkbox"/>	<input type="checkbox"/>
D	Joe Bohren	5207 Bayshore Blvd #21	Tampa, FL 33611	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/07 813 390-4151