2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # N05000002451 03-13-2006 90063 046 ****70.00 COLÓNY CLUB HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 16 PARKWOOD RD NE 16 PARKWOOD RD NE 40029077 WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 3. Mailing Address 2. Principal Place of Business 198 fountain Way PARKWOOD Suite, Apt. #, etc 01302006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For WINTER HAUEN WINTER 52-2454807 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPARROW, ELIZABETH 201 STILLWATER WINTER HAVEN, FL 33881 198 FOUNTAIN WAY 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is:\$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Change ☐ Addition WARREN UIRGINIA WILLIAMS, LYLE A NAME NAME STREET ADDRESS 16 PARKWOOD RD NE 14 PARKWOOD RO NE STREET ADDRESS WINTER HAUEN, FL. 3388/ CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP TITLE Delete TITLE SPARROW, ELIZABETH NAME NAME PRIVITERA 201 STILLWATER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP TITLE Defete DILE NAME SCAMEN, NANCY NAME STREET ADDRESS 194 FOUNTAIN WAY STREET ADDRESS WINTER HAVEN, FL 33881 CITY-ST-7IP CITY-ST-ZIP TITLE T173 F ☐ Delete ☐ Change ■ Addition CASHMER, PHILIP NAME NAME

TITLE D Delete TITLE Change Addition
NAME KNAPP, MAXINE NAME
STREET ADDRESS
CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SCHELL MARTHR 9 STILL WATER

CITY-ST-ZIP

TITLE

NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

TITLE

NAME

198 FOUNTAIN WAY

SHLERS, FORMAN

12 PARKWOOD RD NE

WINTER HAVEN, FL 33881

WINTER HAVEN, FL 33881

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

3/10/06 863-294-57

Change

☐ Addition