2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N94000003512 04-02-2007 90079 017 ****61.25 THE COLONY OF THE LAKE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40046510 311 RUNNING WIND LANE **311 RUNNING WIND LANE** MAITLAND, FL 32751 US MAITLAND, FL 32751 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1235 E. Lake Colony Dr 35 E. Lake Colony Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-3286231 Not Applicable Maitland, M<u>aitland,</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Orange 7. Name and Address of New Registered Agent LARSEN, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 55 EAST PINE STREET ORLANDO, FL 32801 City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PΩ Delete TITLE ☐ Change Addition TITLE NAME NAME LEVITT, KENNETH Randall E. Ellighton STREET ADDRESS 311 RUNNING WIND LANE STREET ADDRESS 1345 W. Lake Colony Drive CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 32751 <u>Maitland, FL 32751</u> Change X Addition SD Delete TITLE TITLE V/D NAME DE HAHN, CONNIE NAME Pamela S. Sain STREET ADDRESS 103 W. LAKE COLONY DRIVE STREET ADDRESS 102 E. Lake Colony Drive MAITLAND, FL 32751 CiTY-ST-ZiP CITY-ST-ZIP Maitland, FL 32751 TD TITLE Change Addition Delete TITLE BELL, JOHN NAME Elizabeth W. Bell NAME 205 COLONY SPRINGS LN STREET ADDRESS STREET ADDRESS 205 Colony Springs Lane MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 ☐ Change 1 Addition TITLE ٧n X Delete TITLE S/D SAIN, GARY NAME NAME Barbara Thomas STREET ADDRESS STREET ADDRESS 102 E. LAKE COLONY DRIVE 1235 E. Lake Colony Drive CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Maitland, FL 32751 Change Addition **X** Delete TITLE TITLE POMA, BARBARA NAME NAME John K. Blexrud STREET ADDRESS 1221 E. LAKE COLONY DRIVE STREET ADDRESS 202 Colony Springs Lane CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 32751 Maitland, FL 32751 ☐ Change 😾 Addition X Delete D TITLE TAYLOR, HELEN NAME James Johns 107 E. LAKE COLONY DRIVE STREET ADDRESS STREET ADDRESS 1227 E. Lake Colony Drive MAITLAND, FL 32751 CITY-ST-ZIP Maitland, FL CITY-ST-ZIP 32751

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: Barbara Thomas

SIGNATURE AND TYPED OR PRINTED NAME

FILED

Apr 02, 2007 8:00 am

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N94000003512					MINAMEN				
1. Entity Name THE COLONY OF THE LAKE HOMEOWNERS ASSOCIATION, INC.									
Principal Place of Business 311 RUNNING WIND LANE MAITLAND, FL 32751 US		Mailing Address 311 RUNNING WIND LANE MAITLAND, FL 32751 US			40046510				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			-				
1235 E. lake Colony Dr., Suite, Apt. #, etc.		1235 E. Lake Colony D. Suite, Apt. #, etc.			03262007 Chg-I	NP CR2E037	(12/06)		
City & Stat		City & State			4. FEI Number Applied For 59-3286231 Not Applicabl				
Zip	Maitland, FL. Zip Country		Maitland, FL Count		5 Certificate of Status Desired		8.75 Add	8.75 Additional	
3275	1 Orange 6. Name and Address of Current F	32751 Registered Agent	lOra	nge		s of New Registered Ag	ee Required	<u>d</u>	
LADCEN		Name							
55 EAST F	RICHARD E PINE STREET D, FL 32801		Street Address			(P.O. Box Number is Not Acceptable)			
			City		-	FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of char	iging its registere	ed office or registe	red agent, or both, in the	State of Florida. I am fa	miliar with,	and accept	
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	d Agent signature require	d when reinstating)	DATE			
•	Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign 6 Trust Fund Contribut			· · ·	\$5.00 May Be Added to Fees	Make check (Florida Departn			
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANGES T		_		
TITLE NAME	PD LEVITT, KENNETH	□X Deli	ete 'TITLE NAM	,— ,	hael D. Cal		☐ Change	X Addition	
STREET ADDRESS CITY-ST-ZIP	311 RUNNING WIND LANE MAITLAND, FL 32751			ET ADDRESS 135	2 W. Lake C tland, FL 3	olony Driv	re 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE HAHN, CONNIE 103 W. LAKE COLONY DRIVE MAITLAND, FL 32751	□ Dele	, NAMI Stre	,		l	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, JOHN 205 COLONY SPRINGS LN MAITLAND, FL 32751	C ≩ Del	NAM Stre				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAIN, GARY 102 E. LAKE COLONY DRIVE MAITLAND, FL 32751	Ū Deli	NAM STRE	1		1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMA, BARBARA 1221 E. LAKE COLONY DRIVE MAITLAND, FL 32751	CX Dei	NAM STRE	1		1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, HELEN 107 E. LAKE COLONY DRIVE MAITLAND, FL 32751	∑X Deł	NAM STRE CITY	E ET ADDRESS -S1-ZIP			☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing 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 tipe empowered.									
SIGNATURE: Barbara Thomas Multical Signature and typed or printed name of Signing Officer or Director Date Date Organize Prove 4									

ATTACHMENT