

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90079 017 ****61.25

DOCUMENT # N94000003512
 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 Place of Business - No P.O. Box #
~~1235 E. Lake Colony Dr~~
 Suite, Apt. #, etc.

3. Mailing Address
~~1235 E. Lake Colony Dr~~
 Suite, Apt. #, etc.

03262007 Chg-NP CR2E037 (12/06)

City & State
~~Maitland, FL~~
 Zip
 32751
 Country
 Orange

City & State
~~Maitland, FL~~
 Zip
 32751
 Country
 Orange

4. FEI Number
 59-3286231

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LARSEN, RICHARD E
 55 EAST PINE STREET
 ORLANDO, FL 32801

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 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 | PD LEVITT, KENNETH 311 RUNNING WIND LANE MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DE HAHN, CONNIE 103 W. LAKE COLONY DRIVE MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BELL, JOHN 205 COLONY SPRINGS LN MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SAIN, GARY 102 E. LAKE COLONY DRIVE MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POMA, BARBARA 1221 E. LAKE COLONY DRIVE MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAYLOR, HELEN 107 E. LAKE COLONY DRIVE MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete |


| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Randall E. Ellington 1345 W. Lake Colony Drive Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D Pamela S. Sain 102 E. Lake Colony Drive Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D Elizabeth W. Bell 205 Colony Springs Lane Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Barbara Thomas 1235 E. Lake Colony Drive Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D John K. Blexrud 202 Colony Springs Lane Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D James Johns 1227 E. Lake Colony Drive Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 like empowered.

SIGNATURE: Barbara Thomas *Barbara Thomas* 3/29/07 407-647-0568
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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| 3. Mailing Address 1235 E. Lake Colony Dr Suite, Apt. #, etc. | | 03262007 Chg-NP CR2E037 (12/06) | |
| City & State Maitland, FL | | City & State Maitland, FL | |
| 4. FEI Number 59-3286231 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LARSEN, RICHARD E 55 EAST PINE STREET ORLANDO, FL 32801 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LEVITT, KENNETH 311 RUNNING WIND LANE MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Michael D. Calhoun 1352 W. Lake Colony Drive Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| SIGNATURE: Barbara Thomas <i>Barbara Thomas</i> | | Date: 3/29/07 Daytime Phone #: 407-647-0568 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

40046510

