


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90034 043 \*\*\*\*61.25

<b>DOCUMENT # N97000002620</b>	
1. Entity Name <b>THE COLONY CLUB CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1508 OCEAN DRIVE VERO BEACH FL 32963</b>	Mailing Address <b>2800 OCEAN DRIVE VERO BEACH FL 32963</b>
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2. Principal Place of Business		3. Mailing Address <b>2925 Cardinal Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Ver Suite 3</b>	
City & State		City & State <b>Vero Beach, FL</b>	
Zip <b>32963</b>	Country <b>USA</b>	Zip <b>32963</b>	Country <b>USA</b>

1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-3450722</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>COOK II, JOSEPH A 1508 OCEAN DRIVE #101 VERO BEACH FL 32963</b>		7. Name and Address of New Registered Agent Name <b>Patricia McEnaney</b> Street Address (P.O. Box Number is Not Acceptable) <b>Old Breebny Management</b> <b>2925 Cardinal Drive</b> City <b>Vero Beach</b> FL Zip Code <b>32963</b>

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 *Patricia McEnaney* DATE **3-20-06** **77V**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK II, JOSEPH A 1508 OCEAN DR, #101 VERO BEACH FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID WOCAL 1508 Ocean Drive #205 Vero Beach, Florida 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDIE, JAMES 1508 OCEAN DRIVE, #103 VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCENEENEY, PATRICIA 2800 OCEAN DRIVE VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia McEnaney* DATE **3-20-06** **77V**

Signature and typed or printed name of signing officer or director