


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 014 ***150.00

DOCUMENT # P00000032600					
1. Entity Name COLONY AT BARRAGAN RD, INC.					
Principal Place of Business 7255 BARRAGAN ROAD 1 FT MYERS FL 33967			Mailing Address 7255 BARRAGAN ROAD 1 FT MYERS FL 33967		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1114826	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TWOMEY, JOSEPH E		NAME		
STREET ADDRESS	7255 BARRAGAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHESPIN, SAMUEL		NAME	Maria Martinez #3	
STREET ADDRESS	7255 BARRAGAN ROAD		STREET ADDRESS	7255 Barragano Rd #3	
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP	ft myers fl 33967	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMSON, SARAH M		NAME		
STREET ADDRESS	7255 BARRAGAN RD, #2		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWLER, JAMES		NAME	James Fowler	
STREET ADDRESS	7255 BARRAGA RD 4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912 misspelled		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 607, 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: Joseph E Twomey JOSEPH E TWOMEY FT MYERS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					