

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007261

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** COLONIAL COUNTRY CLUB OF LEE COUNTY MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

9181 INDEPENDENCE WAY  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

9181 INDEPENDENCE WAY  
FORT MYERS, FL 33913

**New Mailing Address:**

**FEI Number:** 03-0502211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEBOEST, RICHARD. II  
1415 HENDRY STREET  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: WAHRER, MARILYN  
Address: 10034 HORSE CREEK RD  
City-St-Zip: FT. MYERS, FL 33913

Title: P  
Name: SHAMBAUGH, GARY  
Address: 9024 SHADOW GLEN PKWY  
City-St-Zip: FORT MYERS, FL 33913

Title: T  
Name: OWEN, KATHY  
Address: 9047 SHADOW GLEN WAY  
City-St-Zip: FORT MYERS, FL 33913

Title: V  
Name: BLACKMAN, JEANNE  
Address: 9015 PROSPERITY WAY  
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY OWEN

T

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date