

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721775

**Entity Name:** COLONY POINT, INC.**Current Principal Place of Business:**1 COLONY POINT DR.  
PUNTA GORDA, FL 33950**Current Mailing Address:**1 COLONY POINT DR.  
PUNTA GORDA, FL 33950 US**FEI Number:** 59-1461596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GF BUSINESS SERVICES  
2421 SHREVE STREET  
SUITE 115  
PUNTA GORDA, FL 33950 US*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**Officer/Director Detail :**

Title	VP
Name	KATZAV, AVNER
Address	ONE COLONY POINT DR 14-A
City-State-Zip:	PUNTA GORDA FL 33950

Title	TREASURER
Name	ACKERMAN, LAURIE
Address	ONE COLONY POINT DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR AT LARGE
Name	MOORE, TOM
Address	ONE COLONY POINT DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	PRESIDENT
Name	SHARI, ROBINSON
Address	ONE COLONY POINT DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	SECRETARY
Name	LAKNER, JACKIE
Address	ONE COLONY POINT DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

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:** SHARI ROBINSON

PRESIDENT

03/24/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date