

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000536

**Entity Name:** COLONIAL POINTE COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 02, 2021**  
**Secretary of State**  
**4015091460CC**

**Current Principal Place of Business:**

C/O FLORIDA SUNSET MGMT  
16956 MCGREGOR BLVD  
FT MYERS, FL 33908

**Current Mailing Address:**

C/O FLORIDA SUNSET MGMT  
16956 MCGREGOR BLVD  
FT MYERS, FL 33908 US

**FEI Number: 81-0599763**

**Certificate of Status Desired: No**

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

MACKESY, STEVEN  
C/O FLORIDA SUNSET MGMT  
16956 MCGREGOR BLVD  
FT MYERS, FL 33908 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: STEVEN MACKESY**

**04/02/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLUTY, AVA  
Address        C/O FLORIDA SUNSET MGMT  
                  16956 MCGREGOR BLVD  
City-State-Zip: FT MYERS FL 33908

Title            VP  
Name            DORSETT, RICHARD  
Address        C/O FLORIDA SUNSET MGMT  
                  16956 MCGREGOR BLVD  
City-State-Zip: FT MYERS FL 33908

Title            DIRECTOR  
Name            CORCORAN, DENNIS  
Address        C/O FLORIDA SUNSET MGMT  
                  16956 MCGREGOR BLVD  
City-State-Zip: FT MYERS FL 33908

Title            TREASURER  
Name            LOSEY, DANIEL  
Address        C/O FLORIDA SUNSET MGMT  
                  16956 MCGREGOR BLVD  
City-State-Zip: FT MYERS FL 33908

Title            SECRETARY  
Name            CHURCHILL, EUNICE  
Address        C/O FLORIDA SUNSET MGMT  
                  16956 MCGREGOR BLVD #1  
City-State-Zip: FORT MYERS FL 33908

*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: FLUTY, AVA**

**PRESIDENT**

**04/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date