

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000536

**FILED  
Apr 22, 2013  
Secretary of State  
CC6937229245**

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

**Current Principal Place of Business:**

C/O TROPICAL ISLES MGMT.  
12734 KENWOOD LN, STE 49  
FORT MYERS, FL 33907

**Current Mailing Address:**

C/O TROPICAL ISLES MGMT.  
12734 KENWOOD LN, STE 49  
FORT MYERS, FL 33907

**FEI Number: 81-0599763**

**Certificate of Status Desired: No**

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

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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 P  
Name BRANTHOOVER, WILLIAM  
Address 12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

Title D  
Name YOUNG, GARY  
Address 12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

Title D  
Name FRIER, ANNE  
Address 12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

Title D  
Name WATSON, PAULINE  
Address 12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

*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: WILLIAM BRANTHOOVER**

**P**

**04/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date