

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003512

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC1677234535**

**Entity Name:** THE COLONY OF THE LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8390 CHAMPIONSGATE BLVD. SUITE 304  
CHAMPIONSGATE, FL 33896

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD. SUITE 304  
CHAMPIONSGATE, FL 33896 US

**FEI Number: 59-3286231**

**Certificate of Status Desired: No**

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

AEGIS COMMUNITY MANAGEMENT SOLUTIONS INC.  
8390 CHAMPIONSGATE BLVD SUITE 304  
CHAMPIONSGATE, FL 33896 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 WAGES, WILLIAM R  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title SECRETARY  
Name RUBEIS, MIKE  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title D  
Name MILLER, JIM  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title PRESIDENT  
Name DONLIN, JIM  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title TREASURER  
Name LOWRY, ARCHIE O JR.  
Address 6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

*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: JIM DONLIN**

**PRESIDENT**

**01/21/2016**

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

\_\_\_\_\_  
Date