2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 08:00 AM Secretary of State **DOCUMENT # 468129** 1. Entity Name COLONY REALTY, INC., OF PALM BEACH COUNTY Mailing Address Principal Place of Business 12230 FOREST HILL BLVD. SUITE 101 12230 FOREST HILL BLVD. WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CH2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-1579148 Not Applicat Ζìρ Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WRIGHT, LU ANN Street Address (P.O. Box Number is Not Acceptable) 13500 CHELMSFORD ST WELLINGTON FL 33414 Zip Coda City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating] DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May F After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Additional Assessment BILE ☐ Change ITTLE PST Delete 🗆 NAME NAME WRIGHT, WILLIAM STREET ADDRESS STREET ADDRESS 13500 CHELMSFORD ST 03/18/06 80062-005 150.00 City-ST-ZIP CITY-ST-ZIP WELLINGTON FL ☐ Change ☐ Adding ☐ Delete TITLE TITLE NAME BASAIT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance □ Main TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-S1-ZiP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE 7171 F NAME STREET ADDRESS STREET ADDRESS Carr-ST-ZIP CITY-ST-DP ☐ Change TT Addition ☐ Delete TITLE TITLE NAME MAMS STREET ADDRESS STREET ADDRESS CKTY-ST-ZIP CITY-ST-ZIP Delete THLE Change Anglin 1371 E NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or Block 11 or Block 110 or

3/6/06

all other lik

if changed, or on an attachment with an address, with

SIGNATURE

FILED