


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-18-2006 90078 002 \*\*\*\*61.25

<b>DOCUMENT # 714876</b> 1. Entity Name <b>COLONY GARDENS INC</b>					
Principal Place of Business <b>400 PARK SHORE DRIVE NAPLES, FL 34103 US</b>			Mailing Address <b>% FINANCIAL MANAGEMENT SERVICES P.O. BOX 11496 NAPLES, FL 34101-1496</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>Noack + Company CPA Firm</b> Suite, Apt. #, etc. <b>5621 Strand Blvd Ste 305</b>		
City & State _____			City & State <b>Naples, FL</b>		
Zip _____		Country <b>U.S.</b>		4. FEI Number <b>59-1260112</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FINANCIAL MGMT. SVC. 5020 TAMIAMI TRL N. #200 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>Noack + Company CPA Firm, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5621 Strand Blvd Ste 305</b> City <b>Naples</b> <b>FL</b> <b>34110</b>		
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 <u>Elizabeth G. Dunzelman</u> <b>Elizabeth G. Dunzelman, Director</b> <b>7/13/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>HEWRIE, ARTHUR</b> <b>400 PARK SHORE DR., #402</b> <b>NAPLES, FL 34103</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>SPROUSE, RICHARD</b> <b>400 PARK SHORE DR #500</b> <b>NAPLES, FL 34103</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>MATLOCK, THOMAS</b> <b>4045 CRAYTON RD.</b> <b>NAPLES, FL 34103</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>LEDINSKY, JAMES</b> <b>400 PARK SHORE DR #202</b> <b>NAPLES, FL 34103</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DS</b> <b>PETHERICK, KEITH</b> <b>400 PARK SHORE DR., #303</b> <b>NAPLES, FL 34103</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kyle Otterbein</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>400 Park Shore Dr #</b> <b>Naples, FL 34103</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>JAMES R. LEDINSKY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-1-06</b> <b>541/226-7550</b> <small>Date Daytime Phone #</small>		

**50025554**



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