

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714876

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: COLONY GARDENS INC

**Current Principal Place of Business:**

400 PARK SHORE DRIVE  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

1044 CASTELLO DR., STE 206  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 59-1260112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR., STE 206  
NAPLES, FL 34103 US

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

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

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: LAGESCHULTE, JACK  
Address: 400 PARK SHORE DR. #304  
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete  
Name: MATLOCK, THOMAS  
Address: 4045 CRAYTON RD.  
City-St-Zip: NAPLES, FL 34103

Title: S ( ) Delete  
Name: ANDERSON, JIM  
Address: 400 PARK SHORE DR., #302  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: ARNDT, WILLIS  
Address: 400 PARKSHORE DR., #204  
City-St-Zip: NAPLES, FL 34103

Title: P ( ) Delete  
Name: OTTERBEIN, KYLE  
Address: 400 PARK SHORE DR. #301  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: OTTERBEIN, KYLE  
Address: 400 PARK SHORE DR. #301  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KYLE OTTERBEIN

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date