


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90195 035 ****61.25

DOCUMENT # 721336 1. Entity Name THE COLONIES, INC.	
--	---

14018651



07012005 Chg-NP CR2E037 (10/03)

Principal Place of Business 2650 N.W. 47TH TERR. LAUDERDALE LAKES, FL 33313		Mailing Address 11510 W SAMPLE RD 5 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business 11404 W. Sample Rd.		3. Mailing Address 11404 W. Sample Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, Fl.		City & State Coral Springs	
Zip 33065	Country USA	Zip 33065	Country USA

4. FEI Number 59-1584350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SUNDANCE PROPERTY MANAGEMENT 11510 WEST SAMPLE RD 5 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11404 W. Sample Road City Coral Springs FL Zip Code 33065	
---	--	---	--

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 GLENN STOUT, CEO J.R. Smith, CEO 7-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRELL, DOROTHY 2603 NW 47 TERRACE FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENIS, MYRTHA 2767 NE 47TH TERRACE FORT LAUDERDALE, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, VERONA 2776 N.W. 47 TERR LAUDERDALE LAKES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, VERONA 2751 N.W. 47TH TERRACE LAUDERDALE LAKES, FL. 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAINES, MAXINE 2631 NW 47TH TERR LAUDERDALE LAKES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYNN, JEWETTE 2605 N.W. 47TH TERR LAUDERDALE LAKES, FL. 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FYFFE, CAROLINE 2744 NW 47 TERRACE LAUDERDALE LAKES, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEWLEY, KENOSHA 2764 NW 47TH TERR LAUDERDALE LAKES, FL. 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anthony J. Terrell 7-1-05 954-255-6888
Signature and typed or printed name of signing officer or director Date Daytime Phone #