


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90073 013 ****61.25

DOCUMENT # 721775 1. Entity Name COLONY POINT, INC.					
Principal Place of Business 1 COLONY POINT DR. PUNTA GORDA, FL 33950 US				Mailing Address 6025 TAYLOR RD. STE 2 PUNTA GORDA, FL 33950	
2. Principal Place of Business - No P.O. Box # 1 COLONY POINT DR.		3. Mailing Address 1 COLONY POINT DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PUNTA GORDA, FL		City & State PUNTA GORDA, FL			
Zip 33950		Country USA		4. FEI Number 59-1461596	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STAR HOSPITALITY MGMT, INC. 6025 TAYLOR RD. # 2 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name: GF Business Services Street Address (P.O. Box Number is Not Acceptable): 2421 Shoreline ST. Suite 115 City: PUNTA GORDA FL 33950	
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: <i>Chin C. Rogers</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: 3/21/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARK, MARY V 1 COLONY POINT DR., #14-B PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROGERS, CRAN 1 COLONY PT. DR. #14-C PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORRIS, JOHN 1 COLONY PT DR PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTSON, JOSEPH 1 COLONY POINT DR. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARKEY, KEITH 1 COLONY PT. DR. #10B PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Large Rugg, Steve 1 COLONY POINT DR. 3-B PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tsope, Dale 1 COLONY POINT DR 3-C PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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: <i>Dale Tsope</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 2/27/08 <small>Daytime Phone #</small>	

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