

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90030 013 \*\*\*\*61.25

<b>DOCUMENT # 746376</b> 1. Entity Name COLONIAL ISLES ASSOCIATION, INC.					
Principal Place of Business 3001 EXECUTIVE DR. # 260 CLEARWATER, FL 33762				Mailing Address 3001 EXECUTIVE DR. # 260 CLEARWATER, FL 33762 US	
2. Principal Place of Business Colonial Isles Condo Assoc. 40 Richard Commons, P.A. Suite, Apt. #, etc. 1749 S. Highland Ave. City & State Clearwater, FL Zip 33756 Country US		3. Mailing Address Suite, Apt. #, etc. 300 S. Duncan Ave., #220B City & State Clearwater, FL Zip 33755 Country US			
4. FEI Number 59-2185871				02012006 Chg-NP CR2E037 (11/05) Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Janelle Powles Street Address (P.O. Box Number is Not Acceptable) 1749 S. Highland Ave., #A-11 City Clearwater FL Zip Code 33756		
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>Janelle Powles</u> DATE <u>2-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	T BOX, ED 1749 HIGHLAND AVE #C-4 CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAY, JERRY 1749 HIGHLAND AVE #C-10 CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MARGUINITA Margarita 1749 HIGHLAND AVE., #C11 CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ST. CLAIR, JANE 1749 HIGHLAND AVE., #A7 CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWLES, JANELLE 1749 HIGHLAND AVE., #A-11 CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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: <u>Janelle Powles</u> DATE <u>2-12-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					