

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90016 017 \*\*\*\*61.25

<b>DOCUMENT # 751774</b> 1. Entity Name <b>COLONY ASSOCIATION, INC.</b>			
Principal Place of Business <b>4901 BETHEL CREEK DR.</b> <b>1</b> <b>VERO BEACH FL 32963</b> <b>US</b>		Mailing Address <b>4901 BETHEL CREEK DR.</b> <b>1</b> <b>VERO BEACH FL 32963</b> <b>US</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>Bethel Management</b> <b>2800 Ocean Drive</b> <b>City &amp; State</b> <b>VERO BEACH FL.</b> Zip <b>32963</b> Country <b>USA</b>	
			
		1st MOORE CR2E037 (10/04)	
		4. FEI Number <b>59-2673269</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BELLINGER, JOYCE</b> <b>4901 BETHEL CREEK DR #1</b> <b>VERO BEACH FL 32963</b>		7. Name and Address of New Registered Agent Name <b>Beatrice Sartor</b> Street Address (P.O. Box Number is Not Acceptable) <b>182 Avenue B</b> <b>Suite E</b> City <b>Verobeach</b> <b>FL</b> Zip Code <b>32963</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><i>Patricia McEnery</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</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	DS WORTHINGTON, STANLEY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	4901 BETHEL CREEK DRIVE, SUTIE G VERO BEACH FL 32963		<b>Beatrice Sartor</b> <b>182 Avenue B</b> <b>Holbrook, New York 11741</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Delete			
TITLE	DP BELLINGER, JOYCE	<input checked="" type="checkbox"/> Delete	TITLE
	4901 BETHEL CREEK DR. #G VERO BEACH FL 32963		NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete			
TITLE	D. BELLINGER, JOYCE	<input type="checkbox"/> Delete	TITLE
	4901 BETHEL CREEK DR VERO BCH FL		NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete			
TITLE	DT MCKINNEY, MARK	<input checked="" type="checkbox"/> Delete	TITLE
	4901 BETHEL CREEK DR, SUITE 1 VERO BEACH FL 32963		NAME STREET ADDRESS CITY-ST-ZIP
			<b>Patricia McEnery</b> <b>C/O Bethel Management</b> <b>2800 Ocean Drive</b> <b>VERO BEACH FL. 32963</b> <b>Pres / Asst Secretary</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete			
TITLE			TITLE
			NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete			
TITLE			TITLE
			NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete			
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: <u><i>Patricia McEnery</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/5/05</u> Daytime Phone # <u>231-7804</u>	