2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 22, 2006 8:00 am Secretary of State **DOCUMENT # 751774** 1. Entity Name 😽 , 🚙 08-22-2006 90030 044 ****61.25 COLONY ASSOCIATION, INC. Principal Place of Business Mailing Address 4901 BETHEL CREEK DR. C/O BRETTINI MANAGEMENT 2800-OCEAN-DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address 29a5 Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number 59-2673269 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired (ISA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BREFFINI MANAGEMENT** Street Address (P.O. Box Number is Not Acceptable) C/O PAT M MCEVERY 2800 OCEAN DRIVE , SUITE E VERO BEACH FL 32963 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) AND PROCESSOR AND FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State History) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE SARTOR, BEATRICE NAME NAME 182 AVE B STREET ADDRESS STREET ADDRESS HOLBROOK NY 11741 CITY-ST-ZIP CITY-ST-ZIP Assistant Secretary PATRICIA ☐ Delete TITLE TITLE MCEVERY, PATRICIA NAME 2925 Cardinal Drive STREET ADDRESS 2800 OCEAN DRIVE STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE ☐ Change BELLINGER, JOYCE NAME NAME STREET ADDRESS 4901 BETHEL CREEK DR STREET ADDRESS CITY-ST-ZIP VERO BCH FL CITY-ST-ZIP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and accidate 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:

FILED

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