## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT,

## May 04, 2005 8:00 am Secretary of State **DOCUMENT #755386** 05-04-2005 90144 028 \*\*\*\*61.25 COLÉWOOD CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address CONDOMINIUM ASSOCIATES CONDOMINIUM ASSOCIATES 3001 FXECUTIVE DR. #260 3001 EXECUTIVE DR. #260 CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number Applied For City & State 59-2072211 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD TITLE Delete TITLE HOPKINS, Doug REEVES, LINDY NAME NAME 5156 Steeles Ave West RR #2 HIGHWAY 48 STREET ADDRESS STREET ADDRESS Milton, Ont, CA L9T 24 SUTTON ONTARIO, CA CITY-ST-ZIP CITY-ST-ZIP VPD TITLE Change Addition TITLE ☐ Delete COOK, Joyce COOK, JOYCE NAME NAME STREET ADDRESS 287 ESTATE CT. STREET ADDRESS MIDLAND, ONTARIO, 14r5h2 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE COHEN, ED NAME 4211 MEADOW HILL DRIVE # 7204 STREET ADDRESS STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Addition Wilson, Garu WILSON, GARY NAME NAME 54 CALDERWOOD DRIVE STREET ADDRESS STREET ADDRESS SYDNEY, NOVA SCOTIA, b1s3g3 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Meddition** TITLE **∄** Qelete TITLE Larmer, Grant Box 35-843 Southview Dr. BARROW, HARRY NAME 1504-590 BEVERLY STREET STREET ADDRESS STREET ADDRESS Bailieboro, ONT, CA KOL IBO THUNDER BAY, CA CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRESIDEN ED NAME OF SIGNING OFFICER OR DIRECTOR.

573-9300

**FILED**