
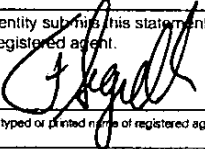
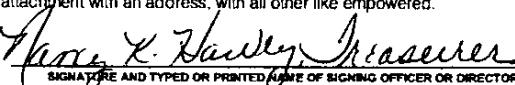


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90002 048 \*\*\*\*61.25

<b>DOCUMENT # 755706</b> 1. Entity Name <b>COLONIAL LAKE OWNERS ASSOCIATION, INCORPORATED</b>			
Principal Place of Business <b>C/O Y&amp;A PROFESSIONAL SERVICE, INC</b> <b>12350 SW 132 CT., STE 207</b> <b>MIAMI, FL 33186 US</b>		Mailing Address <b>C/O Y&amp;A PROFESSIONAL SERVICE, INC</b> <b>12350 SW 132 CT., STE 207</b> <b>MIAMI, FL 33186 US</b>	
2. Principal Place of Business <b>201 CROSS STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>201 CROSS STREET</b> Suite, Apt. #, etc.	
City & State <b>MIAMI SPRINGS, FL</b> Zip <b>FL</b> Country <b>Mexico</b>		City & State <b>MIAMI SPRINGS, FL</b> Zip <b>33164</b> Country <b>USA</b>	
4. FEI Number <b>65-0052368</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>JARAMILLO, YOLANDA</b> <b>12350 SW 132 COURT SUITE #207</b> <b>MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <b>FRANCISCO J. ARGUELLES, C.P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 CROSS STREET</b> City <b>MIAMI SPRING FL</b> Zip Code <b>33164</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  DATE <b>6/12/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2006</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	DV HERNANDEZ, IDLE 10945 SW 165 TERRACE MIAMI, FL 33157	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT HARVEY, NANCY K 16250 SW 109 AVE MIAMI, FL 33157	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS WENDT, DON 16300 SW 109 AVENUE MIAMI, FL 33157	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP FIGUERA, WILLIAM 10935 SW 165 TERRACE MIAMI, FL 33157	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>6/15/06</b> Daytime Phone # <b>305-255-9704</b>	

NANCY K. HARVEY