

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

3/12/07
Pd. 61.25
FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # 767518

1. Entity Name
COLONY HILLS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**35144 WAGNER WAY
ZEPHYRHILLS, FL 33541**

Mailing Address
**35144 WAGNER WAY
ZEPHYRHILLS, FL 33541**



03092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-2343227 | 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

**BEAUDOIN, RAYMOND
35121 WAGNER WAY
ZEPHYRHILLS, FL 33541**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BETTS, TRESSIE 3906 CHAH DRIVE ZEPHYRHILLS, FL 33541 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AT COMEAU, JOSEPH 3400 DAMIAN DR. ZEPHYRHILLS, FL 33541 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD KRAATZ, RAYMOND 4016 WILLIAM HUME DRIVE ZEPHYRHILLS, FL 33541 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BEAUDOIN, RAYMOND 35121 WAGNER WAY ZEPHYRHILLS, FL 33541 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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:

Raymond Beaudoin **Raymond Beaudoin** 3/12/07 813/788 4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #