

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769441

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** COLONY REEF CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4670 A-1-A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

4670 A-1-A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-2460348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEARES, WILLIAM  
COLONY REEF CLUB  
4670 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

MEARES, WILLIAM R  
COLONY REEF CLUB  
4670 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: WILLIAM R. MEARES

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WESTBURY, RICHARD  
Address: 4670 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: DAVIS, JOSEPH  
Address: 4670 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: THAW, DARRELL  
Address: 4670 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: GRACE, CYNTHIA  
Address: 4670 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: THOMPSON, SARA  
Address: 4670 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: KUNZ, ROBERT  
Address: 4670 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. MEARES

RA

01/15/2009

Electronic Signature of Signing Officer or Director

Date