

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 824501

1. Entity Name
THE COLONY HOTEL INC.



Principal Place of Business
155 HAMMON AVE.
PALM BEACH FL, 33480

Mailing Address
P.O. BOX 2375
PALM BEACH, FL 33480

FILED

04 JAN 23 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1292341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WETENHALL, ROBERT C
STREET ADDRESS 375 PARK AVE
CITY-ST-ZIP NEW YORK, NY

TITLE CD
NAME CLARK, HAYS
STREET ADDRESS 150 GOMEZ ROAD
CITY-ST-ZIP HOBE SOUND, FL

TITLE DST
NAME CLARK, ROSAMOND
STREET ADDRESS 150 GOMEZ RD
CITY-ST-ZIP HOBE SOUND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800027623448
01/27/04--01001--007 **150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C Wetenhall (561) 655-5430
1/6/04

Daytime Phone #