# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2008**
**Secretary of State**

DOCUMENT# N00000003716

**Entity Name:** COLONY GROVES HOMEOWNERS ASSOCIATION OF SARASOTA, INC.

**Current Principal Place of Business:**

5368 LEVI LANE
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5368 LEVI LANE
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number: 65-1087332** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LANGENEGER, SCOTT
5368 LEVI LANE
SARASOTA, FL 34233 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete
Name: LANGENEGER, SCOTT
Address: 5368 LEVI LANE
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete
Name: HOOVER, JEFF
Address: 5376 LEVI LANE
City-St-Zip: SARASOTA, FL 34233

Title: SEC ( ) Delete
Name: THOMAS, LINDA
Address: 5351 LEVI LANE
City-St-Zip: SARASOTA, FL 34233

Title: TRES ( ) Delete
Name: BRYANT, JUDY
Address: 5367 LEVI LANE
City-St-Zip: SARASOTA, FL 34233

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

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

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

Title: SEC (X) Change ( ) Addition
Name: COLLAZO, CARMEN
Address: 5335 LEVI LANE
City-St-Zip: SARASOTA, FL 34233

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: JUDY BRYANT TRES 04/18/2008

Electronic Signature of Signing Officer or Director — Date