2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N00000003969

Entity Name: CROWN COLONY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

PARK AVENUE PROPERTY MGMT, LLC
10961 BONITA BEACH ROAD
BONITA SPRINGS, FL 334135

New Principal Place of Business:

Current Mailing Address:

PARK AVENUE PROPERTY MGMT, LLC
10961 BONITA BEACH ROAD
BONITA SPRINGS, FL 334135

New Mailing Address:

FEI Number: 59-3723494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARK AVENUE PROPERTY MGMT, LLC
10961 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 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: DS ( ) Delete
Name: KEANE, RAY
Address: 16218 CROWN ARBOR WAY
City-St-Zip: FT. MYERS, FL

Title: DV ( ) Delete
Name: STEWART, ROBERT
Address: 16277 CROWN ARBOR WAY
City-St-Zip: FT. MYERS, FL

Title: DP ( ) Delete
Name: HAHN, LARRY
Address: 16121 CHZCLALYN WY
City-St-Zip: FT. MYERS, FL

Title: DT ( ) Delete
Name: OCHESTER, RAYMOND
Address: 8833 NEW CASTLE DR
City-St-Zip: FT. MYERS, FL

Title: DV ( ) Delete
Name: TRUST, LINDA
Address: 8921 DARTMOOR WAY
City-St-Zip: FT. MYERS, FL

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:

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: LARRY HAHN DP 04/30/2007

Electronic Signature of Signing Officer or Director — Date