



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90235 044 ****61.25

DOCUMENT # N02000008415 1. Entity Name GARDEN LAKES AT COLONIAL SECTION I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET N., # 201 NAPLES, FL 34103			Mailing Address C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET N., # 201 NAPLES, FL 34103		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2354641	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER 1833 HENDRY STREET P.O. DRAWER 1507 FORT MYERS, FL 33902				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, DONALD <input type="checkbox"/> Delete 10110 COLONIAL COUNTRY CLUB BLVD. # 108 FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNES, LYNN <input checked="" type="checkbox"/> Delete 10110 COLONIAL COUNTRY CLUB BLVD. # 107 FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Little, Jane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10109 Colonial C.C. Blvd. #2404 Ft. Myers, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CICOTTE, SCOTT <input checked="" type="checkbox"/> Delete 10113 COLONIAL COUNTRY CLUB BLVD. # 2204 FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Horan, Gerald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10110 Colonial C.C. Blvd. #104 Ft. Myers, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 5/3/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # (239) 344-2005		