


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000000536	
1. Entity Name COLONIAL POINTE COMMUNITY ASSOCIATION, INC.	

FILED

2007 OCT -8 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business C/O BCH MANAGEMENT GROUP, INC. 1840 BOY SCOUT DRIVE, SUITE B FORT MYERS, FL 33907	Mailing Address C/O BCH MANAGEMENT GROUP, INC. 1840 BOY SCOUT DRIVE, SUITE B FORT MYERS, FL 33907
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2. Principal Place of Business - No P.O. Box # C/O Tropical Isles Mgmt Suite, Apt. #, etc. 12734 Kenwood Lane, Suite 49 City & State Fort Myers FL Zip 33907 Country USA	3. Mailing Address C/O Tropical Isles Mgmt Suite, Apt. #, etc. 12734 Kenwood Lane, Suite 49 City & State Fort Myers FL Zip 33907 Country USA
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09052007 Chg-NP CR2E037 (12/06)

4. FEI Number 81-0599763	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIAGINI, HAROLD 15074 BALMORAL LOOP FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700110672807 10/11/07--01019--005 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANTHCOVER, WILLIAM 15024 BALMORAL LOOP FORT MYERS, FL 33919 <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	DS WADDLE, JAMES 15009 BALMORAL LOOP FORT MYERS, FL 33913 <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	DT GRENVILLE, ROBINSON 15003 BALMORAL LOOP FORT MYERS, FL 33919 <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	D FRIER, ANNE 15011 BALMORAL LOOP FORT MYERS, FL 33919 <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	Asm Grispo Robin 12734 Kenwood Lane, Su. 49 Fort Myers, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: Grispo Robin 9/5/7 239-939-2999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/10