

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90033 050 \*\*\*\*61.25

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<b>DOCUMENT # N03000000876</b> 1. Entity Name <b>COLONIAL PROPERTIES PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>13680 HICKORY RUN LANE</b> <b>FORT MYERS, FL 33912 US</b>		Mailing Address <b>13680 HICKORY RUN LANE</b> <b>FORT MYERS, FL 33912 US</b>	
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  	
Suite, Apt. # etc. <b>8359 Beacon Blvd, Suite 213</b> <b>Ft Myers, FL 33907</b> Country		<b>8359 Beacon Blvd, Suite 213</b> <b>Ft Myers, FL 33907</b> Zip Country	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COLONIAL COMMERCE PARTNERS LLC</b> <b>C/O KIRK MAUTE</b> <b>13680 HICKORY RUN LANE</b> <b>FORT MYERS, FL 33912</b>		7. Name and Address of New Registered Agent Name <b>Ken Hayden</b> Street <b>8359 Beacon Blvd, Suite 213</b> <b>Ft Myers, FL 33907</b> City <b>FL</b> 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 <b>Ken Hayden</b> <b>7-25-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, BRETT 14360 S TAMiami TRAIL SUITE B FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Ken Hayden 8359 Beacon Blvd, Suite 213 Ft Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAUTE, KIRK 13680 HICKORY RUN LANE FORT MYERS, FL 33912 <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	DV GARGANO, TONDRA 12501 WOLRD PLAZA LANE SUITE 51 FORT MYERS, FL 33907 <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	DST JOHNSON, ROBERT 4301 VERONICA S SHOEMAKER BLVD FORT MYERS, FL 33916 <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 JOHNSTONE, IAN 8101 E PRENTICE AVENUE SUITE 510 GREENWOOD VILLAGE, CO 80111 <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 address, with all other like empowered.			
SIGNATURE: <b>Ken Hayden</b> <b>7-25-08</b> <b>239-489 4890</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			