

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90288 001 ****61.25
02-12-2007 90288 002 ****61.25

DOCUMENT # N03000010093 1. Entity Name THE COLONY AT MORTON GROVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3050 N HORSESHOE DR 275 NAPLES, FL 34104		Mailing Address 3050 N HORSESHOE DR 275 NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box # GULF PROPERTY Mgt Suite, Apt. #, etc. 15600 CATALPA COVE City & State FT. MYERS, FL. Zip 33908		3. Mailing Address GULF PROPERTY Management Suite, Apt. #, etc. 15600 CATALPA COVE City & State FT. MYERS, FL. Zip 33908	
4. FEI Number 54-2143942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDRICH, NORMAN 10981 BONITA BEACH RD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2007		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	P HEDRICH, NORMAN 10981 BONITA BEACH RD BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEDRICH, CLEDA 10981 BONITA BEACH RD BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P GERARDO BARRICELLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12350 NOTTINGHILL LANE #32 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEAHY, JENNIFER <input checked="" type="checkbox"/> Delete 12341 NOTTINGHILL LANE #21 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST E LEAHY, JENNIFER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12341 NOTTINGHILL LANE #21 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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 an other like empowered.			
SIGNATURE:		Date 2/3/07 Daytime Phone #	