


**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

<b>DOCUMENT # N03000010093</b>	
1. Entity Name <b>THE COLONY AT MORTON GROVE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>3050 N HORSESHOE DR          275          NAPLES, FL 34104</b>	Mailing Address <b>3050 N HORSESHOE DR          275          NAPLES, FL 34104</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>GULF PROPERTY Mgt          15600 CATALPA COVE          Suite, Apt. #, etc.          Ft. Myers, FL.</b>	3. Mailing Address <b>GULF PROPERTY Management          15600 CATALPA COVE          Suite, Apt. #, etc.          Ft. Myers, FL.</b>
---	--

02032007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>54-2143942</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired  **\$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 **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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>HEDRICH, NORMAN</b>	
STREET ADDRESS <b>10981 BONITA BEACH RD</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HEDRICH, CLEDA</b>	
STREET ADDRESS <b>10981 BONITA BEACH RD</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete
NAME <b>LEAHY, JENNIFER</b>	
STREET ADDRESS <b>12341 NOTTINGHILL LANE #21</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>V.P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GERARDO BARRICELLA</b>	
STREET ADDRESS <b>12350 NOTTINGHILL LANE #32</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	
TITLE <b>ST E</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEAHY, JENNIFER</b>	
STREET ADDRESS <b>12341 NOTTINGHILL LANE #21</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **2/3/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #