2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03094



1. Entity Name COLONY OAKS HOMEOWNERS ASSOCIATION, INC. 40119577 Mailing Address Principal Place of Business % CONDOMINIUM MANAGEMENT GROUP INC. 5444 PARK BLVD., #101 P.O. BOX 47068 PINELLAS PARK, FL 33781 ST. PETERSBURG, FL 33743-7068 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 05072007 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2491234 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELTON, RONALD D Street Address (P.O. Box Number is Not Acceptable) 5444 PARK BLVD., #101 PINELLAS PARK, FL 33781 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 little if applicable dNOTE Registered Agent signature required when reinstating 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE ☐ Change Addition Delete TITLE CAROTENUTO, BEN NAMÉ NAME STREET ADDRESS STREET ADDRESS 5222 S RUSSELL ST #29 CITY ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP Delete Change Addition THILE TITLE Bryan mc Donald 5220 S. Russell St. #40 NAME BERNHARDT, CAROLINE 5207 BAYSHORE BLVD SUITE 19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33611 Delete THILE ☐ Addibon BARR, MARY LOU MAME NAME 5222 SOUTH RUSSELL ST SUITE 30 STREET ADDRESS STREET ADDRESS TAMPA, FL 33611 CITY ST ZIP CITY-ST-ZIP DITE **X** Change ☐ Addition ☐ Delete TITLE ٧P ALESSI, TONY NAME NAME 5203 BAYSHORE BLVD #10 STREET ADDRESS STREET ADDRESS CITY ST ZIP TAMPA, FL 33611 CITY-ST-ZIP Delete Change Audition TITLE TITLE o Hendle HASSELL, FLORENCE NAME NAME 5207 BAYSHORE BLVD., #17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP Change Addition Delete TITLE TITLE MAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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 cath; that I am an officer or director of the corporation or the receiver of trustee employeed 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 attach with all other like empowered.

STREET ADDRESS

CHY-SI-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

v llen

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FILED

Jun 04, 2007 8:00 am Secretary of State

06-04-2007 90012 027 ****61.25