

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90161 042 ****61.25

DOCUMENT # N04000000092

1. Entity Name
COLONIAL SHORES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
MMI OF THE GULF COAST
28731 SOUTH CARGO CT # 6
BONITA SPRINGS, FL

Mailing Address
MMI
14275 SW 142 AVE
MIAMI, FL 33186



2. Principal Place of Business - No P.O. Box #
Tropical Isles Management
Suite, Apt. #, etc.
12734 Kenwood Lane, Suite 49
City & State
Fort Myers, FL
Zip
33907 Country
USA

3. Mailing Address
Tropical Isles Management
Suite, Apt. #, etc.
12734 Kenwood Lane, Suite 49
City & State
Fort Myers, FL
Zip
33907 Country
USA

03222007 Chg-NP CR2E037 (12/06)

4. FEI Number
87-0708651 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRIX ST
FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
Jeanne Roedding
Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Lane, Suite 49
City
Fort Myers FL Zip Code
33907

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 **Jeanne Roedding** **Jeanne Roedding CAM** **3/26/07**
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	NAME	STREET ADDRESS	CITY - ST - ZIP	DP	Delete
	THRON, DANIEL	12601 WESTLINKS DR #7	FT MYERS, FL 33913	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	SHEA, JACK	12601 WESTLINKS DR.	FORT MYERS, FL 33913	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	WEIDIG, FRED	12601 WESTLINKS SR.	FORT MYERS, FL 33913	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
D	Altemein, George	16096 Cutters Ct.	Fort Myers, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Warren, Tom	16288 Cutters Ct.	Fort Myers, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Casolari, Dave	16127 Cutters Court	Fort Myers, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	Elshahawy, Amr	15914 Cutters Court	Fort Myers, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Randazzo, Joseph	16239 Cutters Court	Fort Myers, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASM	Roedding, Jeanne	12734 Kenwood Lane, Suite 49	Fort Myers, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: **Jeanne Roedding** **Jeanne Roedding** **4/16/07** **(239) 939-2999**
Signature and typed or printed name of signing officer or director Date Daytime Phone #