

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000092

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** COLONIAL SHORES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

HAYDEN & ASSOCIATES  
8359 BEACON BLVD. #313  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

HAYDEN & ASSOCIATES  
8359 BEACON BLVD. #313  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 87-0708651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYDEN & ASSOCIATES  
8359 BEACON BLVD.  
SUITE 313  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTIN, DAVID  
Address: 16215 CUTTERS COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: FUCCI, JIM  
Address: 16119 CUTTERS COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: T  
Name: DOEHNE, BOB  
Address: 15981 CUTTERS COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: S  
Name: MAYO, TERESA  
Address: 16359 CUTTERS COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: MATSUMOTO, SUZANNE  
Address: 14118 CREEK COURT  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KEN HAYDEN

CAM

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date