

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008951

1. Entity Name
COLONY TRACE HOMEOWNERS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 PM 3:34

Principal Place of Business
27499 RIVERVIEW CENTER BOULEVARD
134
BONITA SPRINGS, FL 34134

Mailing Address
27499 RIVERVIEW CENTER BOULEVARD
134
BONITA SPRINGS, FL 34134

2. Principal Place of Business - No P.O. Box #
13100 Westlinks Terrace

3. Mailing Address
13100 Westlinks Terrace

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33913

Country

Zip
33913

Country

(N04000008951N)

09242007 REIN-NP

CR2E099 (1/07)

4. FEI Number
72-1616834

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OMNI MANAGEMENT SERVICES OF FLORIDA, INC.
27499 RIVERVIEW CENTER BOULEVARD
134
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
Keith Berg

Street Address (P.O. Box Number is Not Acceptable)
13100 Westlinks Terrace

Suite 1

City
Fort Myers

FL

Zip Code
33913

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

Keith Berg, Secretary & Treasurer

9/24/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, KEVIN 13100 WESTLINKS TERRACE FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HASH, NORMAN 13100 WESTLINKS TERRACE FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WILLIAMS, STEVEN 13100 WESTLINKS TERRACE FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Clark, Kevin 13100 Westlinks Terrace Fort Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Beulah, Alan 13100 Westlinks Terrace Fort Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary & Treasurer Berg, Keith 13100 Westlinks Terrace Fort Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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10/10/07--01046--015 **236.25

03/08/07 90022 04/3 - 61.25

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:

Keith Berg, Secretary & Treasurer

9/24/2007

239.561.5016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #