

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 29, 2009
Secretary of State

DOCUMENT# N04000008951

Entity Name: COLONY TRACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11691 GATEWAY BOULEVARD, SUITE 203
FORT MYERS, FL 33913**New Principal Place of Business:**6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919**Current Mailing Address:**11691 GATEWAY BOULEVARD, SUITE 203
FORT MYERS, FL 33913**New Mailing Address:**6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919**FEI Number:** 72-1616834**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BOULEVARD, SUITE 203
FORT MYERS, FL 33913 US**Name and Address of New Registered Agent:**ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919 US

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: MILLIE STROHM, AGENT

09/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEST, RANDY
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: V () Delete
Name: BROWN, JEFFREY
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: ST () Delete
Name: BARHITE, KEN
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEST, RANDY
Address: 8540 COLONY TRACE DR.
City-St-Zip: FORT MYERS, FL 33908

Title: V (X) Change () Addition
Name: DIMAIO, DOMINIC
Address: 8528 COLONY TRACE DR.
City-St-Zip: FORT MYERS, FL 33908

Title: ST (X) Change () Addition
Name: KHAN, AMED
Address: 16506 WHISPERING TRACE CT.
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RANDY BEST

P

09/29/2009

Electronic Signature of Signing Officer or Director

Date