

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008951

FILED
Jan 17, 2012
Secretary of State

Entity Name: COLONY TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 72-1616834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919 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: JOHN M. STROHM

01/17/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KAUFMAN, JEANNE
Address: 16537 WHISPERING TRACE CT.
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: LINTON, AMY
Address: 8650 COLONY TRACE DR.
City-St-Zip: FORT MYERS, FL 33908

Title: TD
Name: ADAMS, DOUG
Address: 8590 COLONY TRACE DR.
City-St-Zip: FORT MYERS, FL 33908

Title: SD
Name: WALLACE, PAT
Address: 8657 COLONY TRACE DR.
City-St-Zip: FT. MYERS, FL 33908

Title: D
Name: ROZANSKI, KEITH
Address: 8633 COLONY TRACE DR.
City-St-Zip: FT. 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: DOUG ADAMS

TD

01/17/2012

Electronic Signature of Signing Officer or Director

Date