2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 07, 2007 8:00 am Secretary of State DOCUMENT # N04000010624 05-07-2007 90059 049 ****61.25 FEATHERBROOK AT COLONIAL I RESIDENTS' ASSOCIATION, INC. Principal Place of Business Mailing Address C/O INTEGRATED PROPERTY MGMT C/O INTEGRATED PROPERTY MGMT 40106809 3435 10TH ST N 201 3435 10TH ST N 201 NAPLES, FL 34103 NAPLES, FL 34103 incipal Place of Business - No P.O. Box # 03292007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-1578931 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIELDS, CHRISTOPHER J. 1833, HENDRY ST. Street Addr PO DRAWER 1507 FORT MYERS, FL 33902 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or oth, in the State of Florida. I am familiar with, a the obligations of registered agent SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing Make check pavable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fe OFFICERS AND DIRECTORS 10. -11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ΪΠF Delete ☐ Addition FIELDS, PAULETT NAME NAME Fields, Haulette 9045 PROSPERITY WAY STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33913 CITY-ST-ZIP CUY-ST-7P Đ٧ MLE Delete TITLE ☐ Change Addition NAME ROM, MICHAEL NAME STREET ADDRESS 9064 PROSPERITY WAY STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-ZIP DST Detete IIII E TITLE **⊠** Change Addition scott Robertson ANDERSON, BRIAN NAME NAME STREET ADDRESS 9059 PROSPERITY WAY STREET ADDRESS CITY-ST-7IP FORT MYERS, FL 33913 CITY-ST-ZIP MLE ☐ Detete TILE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P MLE ☐ Delete ☐ Change ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone 4