2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N04578

Entity Name: COLONY OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

345 N. HAVERHILL RD.
A-3
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

1715 DIVISION AVENUE
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0231115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNETT, CHARLOTTE
1715 DIVISION AVENUE
WEST PALM BEACH, FL 33407 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: PD ( ) Delete
Name: ROBINSON, LAUREL
Address: 1715 DIVISION AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD ( ) Delete
Name: ODUM, LINDA
Address: 1715 DIVISION AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD (X) Delete
Name: BURNETT, CHARLOTTE
Address: 1715 DIVISION AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ODUM, LINDA
Address: 1715 DIVISION AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LAUREL ROBINSON PD 05/01/2006

Electronic Signature of Signing Officer or Director — Date