2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90342 041 ****61.25

DOCUMENT # N11446

1. Entity Name
COLONY DON PEDRO PHASES IV & V PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7025 PLACIDA ROAD ENGLEWOOD, FL 34224	7025-A PLACIDA RD ATTN: ANNE MERRY ENGLEWOOD, FL 34224

04192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2678367 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MERRY, ANNE 7025 PLACIDA ROAD ENGLEWOOD, FL 34224	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NED, JENNINGS 42 FISHER ROAD HOLDEN, ME 04429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENNINGS, NED P.O. BOX 514 HOLDEN, ME 04429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NICOLL, JOAN HCR #1, BOX 34 MT. POCONO, PA 18344	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROSS, JAMES A. 953 CHINOE ROAD LEXINGTON, KY 40502	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAWKINS, TED 9006 CRESTMOOR DR SAINT LOUIS, MO 63126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAWKINS, TED W. 9006 CRESTMOOR DRIVE SAINT LOUIS, MO 63126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWMAN, ROBERT 2223 ONEKAMA DRIVE S.E. GRAND RAPIDS, MI 49506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWMAN, ROBERT G. 7485 MARGARET AVENUE WEST OLIVE, MI 49460	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCANNON, MICHAEL 7313 PELICAN ISLAND DRIVE TAMPA, FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILSON, SUNDAYE P. 2303 GATE ROYAL DRIVE DES PERES, MO 63131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KREHER, ERIC L. 1771 EAST NINTH AVENUE TAMPA, FL 33605	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ted Hawkins TED HAWKINS 4/25/04 314 843 8483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #