2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

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

01212005 No Chg-NP CR2E037 (10/03)

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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

MERRY, ANNE
7025 PLACIDA ROAD
ENGLEWOOD, FL 34224

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NED, JENNINGS
STREET ADDRESS	P.O. BOX 514
CITY-ST-ZIP	HOLDEN, ME 04429
TITLE	VPD
NAME	ROSS, JAMES A
STREET ADDRESS	953 CHINOE ROAD
CITY-ST-ZIP	LEXINGTON, KY 40502
TITLE	TD
NAME	HAWKINS, TED
STREET ADDRESS	9006 CRESTMOOR DR
CITY-ST-ZIP	SAINT LOUIS, MO 63126
TITLE	PD
NAME	BOWMAN, ROBERT
STREET ADDRESS	7485 MARGARET AVE
CITY-ST-ZIP	WEST OLIVE, MI 49460
TITLE	D
NAME	SCANNON, MICHAEL
STREET ADDRESS	7313 PELICAN ISLAND DRIVE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	WILSON, SUNDAYE P
STREET ADDRESS	2303 GATE ROYAL DR
CITY-ST-ZIP	DES PRES, MO 63131

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03/08/05-80015-018 61.25

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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 W Hawkins TED W HAWKINS, TREAS 3/4/05 314 893 8483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #