


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90042 012 \*\*\*\*61.25

<b>DOCUMENT # N11446</b> 1. Entity Name <b>COLONY DON PEDRO PHASES IV &amp; V PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>7025 PLACIDA ROAD ENGLEWOOD, FL 34224</b>			Mailing Address <b>7025-A PLACIDA RD ATTN: ANNE MERRY ENGLEWOOD, FL 34224</b>		
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 <b>59-2678367</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MERRY, ANNE 7025 PLACIDA ROAD ENGLEWOOD, FL 34224</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>		
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 <u><i>Anne Merry</i></u> <span style="float: right;">2/7/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NED, JENNINGS		NAME	Michael Kane	
STREET ADDRESS	P.O. BOX 514		STREET ADDRESS	P.O. Box 3398	
CITY-ST-ZIP	HOLDEN, ME 04429		CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, JAMES A		NAME		
STREET ADDRESS	953 CHINOE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40502		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, TED		NAME		
STREET ADDRESS	9006 CRESTMOOR DR		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63126		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, ROBERT		NAME		
STREET ADDRESS	7485 MARGARET AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST OLIVE, MI 49460		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D Sarah Turner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCANNON, MICHAEL		NAME	7473 30th ST, SE	
STREET ADDRESS	7313 PELICAN ISLAND DRIVE		STREET ADDRESS	Ada, MI 49301	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, SUNDAYE P		NAME		
STREET ADDRESS	2303 GATE ROYAL DR		STREET ADDRESS		
CITY-ST-ZIP	DES PRES, MO 63131		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.					
SIGNATURE: <u><i>Ted W Hawkins</i></u> <span style="float: right;">2-10-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					