

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90259 040 ****61.25

DOCUMENT # N13292 1. Entity Name COLONY IN THE WOOD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4000 SOUTH CLYDE MORRIS BLVD. PORT ORANGE, FL 32129				Mailing Address 4000 SOUTH CLYDE MORRIS BLVD. PORT ORANGE, FL 32129	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02212007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2891606	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LOB, MYRNA M 38 CEDAR IN THE WOOD PORT ORANGE, FL 32129				7. Name and Address of New Registered Agent Name CONNIE VAN ORDEN Street Address (P.O. Box Number is Not Acceptable) 88 SPRUCE IN THE WOOD PORT ORANGE City FL Zip Code 32129	
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: 4/19/07 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when remitting)					
Filing Fee is \$61.25 Due by May 1, 2007		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	TRD LOB, MYRNA M 68 CEDAR IN THE WD PORT ORANGE, FL 32129	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGAREY, JAMES E 32 CEDAR IN THE WOOD PORT ORANGE, FL 32129	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN ORDEN, CONNIE 88 SPRUCE IN THE WOOD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRASSARD, ALFRED 10 OAK IN THE WOOD PORT ORANGE, FL 32129	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGAREY, JAMES E 32 CEDAR IN THE WOOD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JADGE, ARLINE 53 MAPLE IN THE WOOD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: DATE: 4/19/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					