
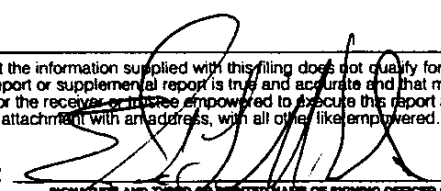


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90096 005 \*\*\*\*61.25

<b>DOCUMENT # N23341</b> 1. Entity Name THE COLONY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business DANIELS PKWY FORT MYERS, FL 33902 US			Mailing Address 3915 LEE BLVD LEHIGH ACRES, FL 33971 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0024733	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MAROTIN, EDWARD L SR 3915 LEE BLVD LEHIGH ACRES, FL 33971				7. Name and Address of New Registered Agent 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 _____ <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</b> <b>Due by May 1, 2008</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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIBAUDO, SANDRA		NAME		
STREET ADDRESS	7567 CAMERON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33966		CITY-ST-ZIP	33912	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RPINGLE, WILLIAM		NAME		
STREET ADDRESS	13645 ADMIRAL COURT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33966		CITY-ST-ZIP	33912	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHADWICK, WILLIAM		NAME		
STREET ADDRESS	13545 AMERICAN COLONY BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33966		CITY-ST-ZIP	33912	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Howlett, Lorraine	
STREET ADDRESS			STREET ADDRESS	13613 ADMIRAL CT	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Kent, Ron	
STREET ADDRESS			STREET ADDRESS	13533 ADMIRAL CT	
CITY-ST-ZIP			CITY-ST-ZIP	Ft Myers, FL 33912	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			4-17-08 239-303-9200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		