

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26521

FILED
Apr 03, 2009
Secretary of State

Entity Name: COLONY BEACH ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957 US

New Principal Place of Business:

C/O ISLAND MANAGEMENT GROUP
711 TARPON BAY RD
SANIBEL, FL 33957 US

Current Mailing Address:

C/O ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0108951 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MACKESY, STEVEN J
C/O ISLAND MANAGEMENT GROUP
PO BOX 100-711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MACKESY, STEVEN J
C/O ISLAND MANAGEMENT GROUP
711 TARPON BAY RD
SANIBEL, FL 33957 US

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.

SIGNATURE: _____

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DR CALVIN LINNEMANN,
Address: 5885 GRAVES LAKE DR
City-St-Zip: CINCINNATI, OH 45243

Title: PD () Delete
Name: JIM BURKHOLDER,
Address: BELLA VISTA WAY
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: COX, SUSAN
Address: 408 BELLA VISTA WAY E
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: TOUSSAINT, DONALD
Address: 427 BELLA VISTA W.E. #10
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: SEIBOLD, HELEN
Address: 431 BELLA VISTA WAY E 5
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: LINNEMANN, CALVIN DR.
Address: 5885 GRAVES LAKE DR
City-St-Zip: CINCINNATI, OH 45243

Title: PD (X) Change () Addition
Name: BURKHOLDER, JIM
Address: 439 BELLA VISTA WAY # 3
City-St-Zip: SANIBEL, FL 33957

Title: VD (X) Change () Addition
Name: COX, SUSAN
Address: 408 BELLA VISTA WAY E # 7
City-St-Zip: SANIBEL, FL 33957

Title: D (X) Change () Addition
Name: TOUSSAINT, DONALD
Address: 427 BELLA VISTA WAY .E. #10
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM BURKHOLDER

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date