2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

DOCUMENT# N26521

Entity Name: COLONY BEACH ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: VD
Name: COX, SUSAN
Address: 408 BELLA VISTA WAY E # 15
City-St-Zip: SANIBEL, FL 33957

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

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

I hereby 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 all other like empowered.

SIGNATURE: JIM BURKHOLDER PD 03/28/2011

Electronic Signature of Signing Officer or Director Date