2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



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

1. Entity Name WILLIAMS	MENT # N28372 SBURG AT THE COLONY TION, INC.	CONDOMINIUM 2				' 90253 027 ****6	51.25
Principal Place	e of Rusiness	Mailing Address		— gu	nioo.	-	
POB 100	5 61 Business	POB 100					
SANIBEL, FL	33957 US	SANIBEL, FL 33957	US				
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Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP	CR2E037 (12/06)	
City & State		City & State	City & State				pplied For
		7:-	Country	65-006392			tot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current	t Registered Agent		7. Name and Add	ress of New I	Registered Agent	
MACKESY	, STEVEN J		Name				
711 TARPO	ON BAY RD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
SANIBEL,	FL 33957				<u>,</u>		
			City			FL Zip Co	de
	named entity submits this statement fi ions of registered agent.	for the purpose of changing its re	egistered office or reg	gistered agent, or both, in	the State of F	lorida. I am familiar with	n, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	nt and little if applicable. (NOTE:	Registered Agent signature ra	equired when reinstating)		DATE	
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		DATE Make check payable rida Department of	
	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	Make check payable	State
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Flo	Make check payable rida Department of	N 10
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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 amounter like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: "

STREET ADDRESS

ER OR DIRECTOR

Daytime Phone #