2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33641

FILED Jan 11, 2006 Secretary of State

Entity Name: COLONY PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1734 NW 17TH LANE PO BOX 357658 GAINESVILLE, FL 32605 US US GAINESVILLE, FL 32635 **Current Mailing Address:** New Mailing Address: 1734 NW 17TH LANE PO BOX 357658 GAINESVILLE, FL 32605 US GAINESVILLE, FL 32635 US FEI Number: 59-2969044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TARBOX, GILLETTE C FIELD, DOROTHY W 1734 NW 17TH LANE 1755 NW 17TH LN GAINESVILLE, FL 32605 US GAINESVILLE, FL 32605 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: DOROTHY W FIELD 01/11/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REYNOLDS, RICK Name: Name: 1615 NW 16TH DRIVE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: () Delete Title: (X) Change () Addition TARBOX, GILLETTE C Name: Name: FIELD, DOROTHY W Address: 1734 NW 17TH LANE Address: 1755 NW 17TH LN City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: (X) Change () Addition HALL, KAREN FANN, SUSAN Name: Name: 1716TH NW 16TH PL Address: 1734 NW 17TH LANE Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: () Change () Addition Name: BLITCH, PEGGY Name: 1818 NW 17TH LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: Title: () Delete () Change () Addition BALLARD, KEN Name: Name: 1710 NW 16TH PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHY W FIELD T 01/11/2006