2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# N37548

Entity Name: COLEE HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7 SE 13TH AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

7 SE 13TH AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0188810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELCH, THOMAS W
7 SE 13TH AVENUE
FORT LAUDERDALE, FL 33321 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: D ( ) Delete
Name: MCCORMICK, PEGGY
Address: 111 SE 17 AVE.
City-St-Zip: FT LAUDERDALE, FL 33301

Title: TD ( ) Delete
Name: WELCH, THOMAS W
Address: 7 SE 13TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete
Name: TAYLOR, MOLLY
Address: 1620 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: LOCHRIE, ROBERT B JR
Address: 1701 BRICKELL DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPD ( ) Delete
Name: JORDAN, JERRY
Address: 1109 SE 4TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: P ( ) Delete
Name: DEPADRO, VERONICA
Address: 1405 SE 2ND STREET
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: THOMAS W. WELCH TD 02/08/2006
Electronic Signature of Signing Officer or Director — Date