

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90013 004 ****61.25

DOCUMENT # N93000001108

1. Entity Name

COLONY POINTE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

CAMERON CIRCLE
SILVERLAKE COURT
WHITE GARDENIA
US

Mailing Address

14275 SW 142ND AVE
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0437338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF PA
14241 METROPOLIS AVE
STE 100
FORT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	MATTRAS, TOM	
STREET ADDRESS	7698 CAMERON CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRON, RON	
STREET ADDRESS	7681 CAMERON CIR.	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUBBS, TOM	
STREET ADDRESS	7795 CAMERON CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMONT, DAMON	
STREET ADDRESS	7726 CAMERON CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAVIS, MARK	
STREET ADDRESS	7763 CAMERON CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

Ron Herron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #