

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90065 050 ****61.25

DOCUMENT # N93000005321					
1. Entity Name COLONY POINT MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 1405 BRIARIDGE CIR., N. SEBRING FL 33870			Mailing Address 1405 BRIARIDGE CIR., N. SEBRING FL 33870		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0458710	
				☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent REEVES, J.D. 1405 BRIARIDGE CIR. N. SEBRING FL 33870				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 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 <u><i>Joseph D. Reeves</i></u> 3-9-04 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, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRATT, DOUGLAS 1304 BRIARIDGE CIR. N. SEBRING FL 33870 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN L. WAGNER 3904 BRIARIDGE CIRCLE E SEBRING, FL. 33870 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATCHMAN, BOB 3903 BRIARIDGE CIR. E. SEBRING FL 33870 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILMA BURKHART 1430 BRIARIDGE CIR. S. SEBRING, FL. 33870 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, WILLIAM 3904 BRIARIDGE CIR E SEBRING FL 33870 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT SANTUCCI 1430 LISBON LANE SEBRING, FL. 33870 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, KATHRYN 1409 LISBON LANE SEBRING FL 33870 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM ALEST 1422 LISBON LANE SEBRING, FL. 33870 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WARREN 12 LANGER COURT SEBRING FL 33870 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GETTEL, RUTH H 1405 LISBON LANE SEBRING FL 33870 ☐ Delete	TITLE 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 <u><i>John L. Wagner</i></u> 3-9-04 863-382-9782 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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MOORE CR2E037 (11/03)