

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90015 041 \*\*\*\*61.25

<b>DOCUMENT # N93000005321</b> 1. Entity Name <b>COLONY POINT MOBILE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1405 BRIARIDGE CIR., N. SEBRING, FL 33870</b>			Mailing Address <b>1405 BRIARIDGE CIR., N. SEBRING, FL 33870</b>		
2. Principal Place of Business <b>RUTH H. GETTEL</b> <small>Suite, Apt., etc.</small>		3. Mailing Address <b>1405 LISBON LANE</b> <small>Suite, Apt., etc.</small>			
City & State <b>SEBRING, FL. 33870</b>		City & State <b>SEBRING, FL. 33870</b>		4. FEI Number <b>65-0458710</b>	
Zip <b>33870</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>REEVES, J.D. (DECEASED)</b> <b>1405 BRIARIDGE CIR., N. SEBRING, FL 33870</b>			7. Name and Address of New Registered Agent Name <b>RUTH H. GETTEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1405 LISBON LANE</b> City <b>SEBRING</b> <b>FL</b> Zip Code <b>33870</b>		
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 <b>RUTH H. GETTEL (TREAS.)</b> <i>Ruth H. Gettel, Treasurer</i> <b>1/12/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WAGNER, JOHN L</b> <input type="checkbox"/> Delete <b>3904 BRIARIDGE CIRCLE E</b> <b>SEBRING, FL 33870</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKHALE, WILMA</b> <input checked="" type="checkbox"/> Delete <b>1430 BRIARIDGE CIR. S.</b> <b>SEBRING, FL 33870</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROBERT SANTUCCI</b> <b>1430 LISBON LANE</b> <b>SEBRING, FL. 33870</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>YOUNG, WILLIAM</b> <b>3904 BRIARIDGE CIR E</b> <b>SEBRING, FL 33870</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <input checked="" type="checkbox"/> X <b>PORTER, KATHRYN</b> <b>1409 LISBON LANE</b> <b>SEBRING, FL 33870</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> X <input type="checkbox"/> Addition <b>YVONNE ALES</b> <b>1422 LISBON LANE</b> <b>SEBRING, FL. 33870</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SMITH, WARREN</b> <b>12 LANGER COURT</b> <b>SEBRING, FL 33870</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>GETTEL, RUTH H</b> <b>1405 LISBON LANE</b> <b>SEBRING, FL 33870</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Ruth H. Gettel</i> RUTH H. GETTEL</b> <b>1/12/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

(SEE ATTACHMENT)

ATTACHMENT

40001210

# N93000005321

ATTACHMENT TO 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005321

COLONY POINT MOBILE HOME OWNERS ASSOCIATION, INC.

1405 LISBON LANE  
SEBRING, FL. 33870

10. OFFICERS AND DIRECTORS

D  
WILLIAM ALES1  
1422 LISBON LANE  
SEBRING, FL. 33870