


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90083 009 ****61.25

DOCUMENT # N93000005321	
1. Entity Name	
COLONY POINT MOBILE HOME OWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
RUTH H GETTEL SEBRING FL 33870	1405 LISBON LN SEBRING FL 33870

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
65-0458710		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GETTEL, RUTH H 1405 LISBON LN SEBRING FL 33870		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 Ruth H. Gettel, Treasurer RUTH H. GETTEL 1/25/06
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, JOHN L	NAME	
STREET ADDRESS	3904 BRIARIDGE CIRCLE E	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTUCCI, ROBERT	NAME	
STREET ADDRESS	1430 LISBON LN	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM	NAME	
STREET ADDRESS	3904 BRIARIDGE CIR E	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALES, YVONNE	NAME	
STREET ADDRESS	1422 LISBON LN	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, WARREN	NAME	LEE, JACK
STREET ADDRESS	12 LANGER COURT	STREET ADDRESS	1404 BRIARIDGE CIR., S.
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	SEBRING, FL. 33870
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETTEL, RUTH H	NAME	
STREET ADDRESS	1405 LISBON LANE	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ruth H. Gettel, RUTH H. GETTEL 1/25/06 863-385-2081

ATTACHMENT

40008918

ATTACHMENT TO 2006 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
ALESI, WILLIAM
1422 LISBON LN.
SEBRING, FL. 33870