

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

DOCUMENT # N93000005321

1. Entity Name

COLONY POINT MOBILE HOME OWNERS ASSOCIATION,
INC.



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

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



1st MOORE CR2E037 (10/05)

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
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* DATE **1/25/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
10. OFFICERS AND DIRECTORS			
<p>TITLE P NAME WAGNER, JOHN L STREET ADDRESS 3904 BRIARIDGE CIRCLE E CITY-ST-ZIP SEBRING FL 33870</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE D NAME SANTUCCI, ROBERT STREET ADDRESS 1430 LISBON LN CITY-ST-ZIP SEBRING FL 33870</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE VP NAME YOUNG, WILLIAM STREET ADDRESS 3904 BRIARIDGE CIR E CITY-ST-ZIP SEBRING FL 33870</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE S NAME ALESI, YVONNE STREET ADDRESS 1422 LISBON LN CITY-ST-ZIP SEBRING FL 33870</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE D NAME SMITH, WARREN STREET ADDRESS 12 LANGER COURT CITY-ST-ZIP SEBRING FL 33870</p> <p><input checked="" type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>LEE, JACK 1404 BRIARIDGE CIR., S. SEBRING, FL. 33870</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>	
<p>TITLE T NAME GETTEL, RUTH H STREET ADDRESS 1405 LISBON LANE CITY-ST-ZIP SEBRING FL 33870</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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* DATE **1/25/06** FILED NUMBER **863-385-2081**

- ATTACHMENT

40008918

6
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