2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004787

FILED Apr 22, 2005 Secretary of State

Entity Name: COLONIAL WOODS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1881 OAK BRANCH DRIVE 1857 OAK BRANCH DRIVE SARASOTA, FL 34232 US SARASOTA, FL 34232 US

Current Mailing Address: New Mailing Address:

1881 OAK BRANCH DRIVE 1857 OAK BRANCH DRIVE SARASOTA, FL 34232 SARASOTA, FL 34232

FEI Number: 65-0553339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACNEILL, JOHN G

1881 OAK BRANCH DRIVE

SARASOTA, FL 34232 US

JONES, BRIAN M

1857 OAK BRANCH DRIVE

SARASOTA, FL 34232 US

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.

SIGNATURE: BRIAN M JONES 04/22/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

 Name:
 MACNEILL, JOHN G
 Name:
 JONES, BRIAN M

 Address:
 1881 OAK BRANCH DRIVE
 Address:
 1857 OAK BRANCH DRIVE

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 SARASOTA, FL 34232

Title: VPD () Delete Title: () Change () Addition

 Name:
 ANDRICK, DEBBIE
 Name:

 Address:
 5710 FERN OAK CT
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 MACNEILL, KAREN M
 Name:
 LUDWIG, ROBERT

 Address:
 1881 OAK BRANCH DRIVE
 Address:
 1881 BENT OAK DRIVE

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN M JONES PRES 04/22/2005