## **2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Jan 26, 2004 8:00 am Secretary of State 01-26-2004 90008 019 \*\*\*\*61.25

DOCUMENT # N9500001621  1. Entity Name COLONY RANCH ESTATES PROPERTY OWNERS ASSOCIATION, INC.						01-26-2004 90008 019 ****61					1.25	
Principal Place of Business 7820 HACKAMORE ROAD 7820 HACKAMORE ROAD VS ZEPHYRHILLS, FL 33541 US PO BOX 2082 ZEPHYRHILLS, FL 33541 US					2	**************************************	•		ត់នក់ពក់	ine		
2. Principal Place of Business		3. Mailir	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0121200	4 Ch	g-NP	CR2E037	(10/03)		
City & State		City & State				4. FEI Nur 59-33	nber 336728	 }	garteri .		plied For t Applicable	
Zip	Country	Zip		Cou	intry	5. Certifica	ate of Sta	tus Desired		3.75 Add	litional	
<del>`</del>	6. Name and Address of Curren	t Registered	Agent	-		7. Name s	nd Addr	ess of New	Registered Age	<u> </u>		
NEWCOS			<del></del>		Name	<del></del> _				····		
NEWTON, JONATHAN W 37947 PASCO AVENUE DADE CITY, FL 33525					Street Add	Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	e .	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applic	anda (NO		d Agast singeture				DATE			
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Ca Trust Fund	ampaign F	inancing _	\$5.00 Ma			Make check p			
10.			9. Election Ca	ampaign F	inancing _	\$5.00 Ma	y Be es	Flo	Make check p	ent of St	late	
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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:

Susie Gibbs SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-04

813-719-9508

Daytime Phone #