


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90027 046 \*\*\*\*61.25

**DOCUMENT # N97000001307**  
1. Entity Name  
**COLONY MEADOWS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**5301 COLONY MEADOWS LANE  
SARASOTA FL 34233  
US**      **P O BOX 21233  
SARASOTA FL 34276  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0830481**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



MOORE      CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**CARPENTER, CLYDE B  
COLONY MEADOWS HOMEOWNERS ASSOCIATION  
5301 COLONY MEADOWS LANE  
SARASOTA FL 34233**

**7. Name and Address of New Registered Agent**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, CLYDE B 5301 COLONY MEADOWS LANE SARASOTA FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESTER, GREGORY A 5318 COLONY MEADOWS LANE SARASOTA FL 34233 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM, EDDINS R 5328 COLONY MEADOWS LANE SARASOTA FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITCHFIELD, SHARON 5397 COLONY MEADOWS LANE SARASOTA FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SELLARS, CAROLYN 5377 COLONY MEADOWS LANE SARASOTA FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del> </del> D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RACHEL MATTONI 5368 COLONY MEADOWS LANE SARASOTA FL 34233 <input type="checkbox"/> Change <input checked="" 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.

**SIGNATURE:** *William R. Eddins*      **WILLIAM R. EDDINS**      1/21/2004      941-922-0490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #