

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

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90045 042 ****61.25

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



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



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: 65-0830481
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CARPENTER, CLYDE B
 COLONY MEADOWS HOMEOWNERS ASSOCIATION
 5301 COLONY MEADOWS LANE
 SARASOTA FL 34233 34238
 5134 NORTHRIDGE RD, UNIT 301

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: _____ DATE: _____
 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: \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARPENTER, CLYDE B	
STREET ADDRESS	5301 COLONY MEADOWS LANE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAM, EDDINS R	
STREET ADDRESS	5328 COLONY MEADOWS LANE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REGINA, FREDERICK C	
STREET ADDRESS	5396 COLONY MEADOWS LANE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5134 NORTHRIDGE RD, UNIT 301	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAIMIE SCULLY	
STREET ADDRESS	5349 COLONY MEADOWS LANE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *William R. Eddins* WILLIAM R. EDDINS 1/30/2006 - 941-922-0490