2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9700001307

1. Entity Name





FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90185 036 ****61.25

| COLÓNY 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 | | 4.0 | ប្រកួតតប | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
| | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01042007 | Chg-NP | CR2E03 | 7 (12/06) | |
| City & State | | City & State | | 4. FEI Number 65-0830 | 481 | | | plied For t Applicable | |
| Zip | Country | Zip | Zip Country | | 5. Certificate o | Status Desired | | \$8.75 Add Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and A | ddress of New I | Registered A | gent | |
| CARPENTER, CLYDE B | | | | Name | | | | | |
| COLONY MEADOWS HOMEOWNERS ASSOC 5134 NORTHRIDGE RD.,, UNIT 301 | | SSOCIATION | IATION Street Addre | | s (P.O. Box Number | is Not Acceptabl | le) | | |
| SARASOT | A, FL 34238 | | City | | | | FL | Zip Code | e |
| | | | | | tered agent, or both | in the State of Fl | | amiliar with. | and accept |
| 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 | | | | | | | | | |
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| | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Car Trust Fund C | | | \$5.00 May Be Added to Fees | | ilake check rida Depart | | |
| 10. | Due by May 1, 2007 OFFICERS AND DIE | Trust Fund (| 11. | | Added to Fees ADDITIONS/CHA | Flo | rida Depart ERS AND DIR | ment of St | ate 10 |
| TITLE | OFFICERS AND DIE | Trust Fund (| 11. | | Added to Fees ADDITIONS/CHA | Flo | rida Depart ERS AND DIR | ment of St | ate |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Due by May 1, 2007 OFFICERS AND DIF DIV CARPENTER, CLYDE B 5134 NORTHRIDGE RD., UNIT 3 SARASOTA, FL 34238 DST WILLIAM, EDDINS R | Trust Fund C | 11. TITLE NAME STREET AL CITY-ST- TITLE NAME | DORESS DI | Added to Fees ADDITIONS/CHA | Flo | rida Depart | MECTORS IN | 10 Addition |
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ondicated on this report or supplied with this iming does not qualify for the exemptions contained in Chapter 119, Horida Statutes, I further certify that the information indicated on this report or suppliemental 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.

WILLIAM R. EDDING 1/4/2007 941-922-0490