

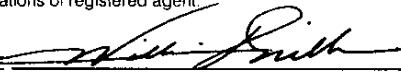
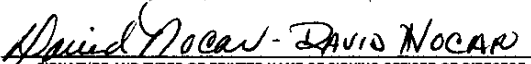


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 018 ****61.25

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # N97000002620 1. Entity Name THE COLONY CLUB CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2001 9TH AVENUE 308 VERO BEACH, FL 32960 | | | Mailing Address 2001 9TH AVENUE 308 VERO BEACH, FL 32960 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | <div style="font-size: 24px; margin-bottom: 10px;">40033000</div>  <div style="margin-top: 10px;"> 04302007 Chg-NP CR2E037 (12/06) </div> | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-3450722 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MILLER, WILLIAM F 2001 9TH AVENUE 308 VERO BEACH, FL 32960 | | | 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 4/30/07 | |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NOCAR, DAVID <input checked="" type="checkbox"/> Delete 1508 OCEAN DR #205 VERO BEACH, FL 32963 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAUGHERTY, GERALD 1508 OCEAN DRIVE, #302 VERO BEACH, FL 32963 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete HARDIE, JAMES 1508 OCEAN DRIVE, #103 VERO BEACH, FL 32963 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARVER, PAULA 1508 OCEAN DRIVE, #104 VERO BEACH, FL 32963 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Delete PORRINO, PETER 1508 OCEAN DRIVE #203 VERO BEACH, FL 32963 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORRINO, PETER 1508 OCEAN DRIVE, #203 VERO BEACH, FL 32963 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  | | | | DATE: 4/30/07 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |