

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90045 040 ****61.25

DOCUMENT # N97000003091 1. Entity Name COLONY CLUB PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2290 COLONY CLUB DRIVE LAKELAND, FL 33813			Mailing Address 2290 COLONY CLUB DRIVE LAKELAND, FL 33813		
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 59-3436581	
				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			7. Name and Address of New Registered Agent		
HICKEY, BILL 2301 COLONY CLUB DRIVE LAKELAND, FL 33813			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1-20-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		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	P <input type="checkbox"/> Delete		TITLE	CA <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKEY, BILL		NAME		
STREET ADDRESS	2301 COLONY CLUB DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33813		CITY - ST - ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUGH, CHROSTOPHER		NAME	Casey Riley, CASEY	
STREET ADDRESS	2339 COUPLES DRIVE		STREET ADDRESS	2315 Couples Dr	
CITY - ST - ZIP	LAKELAND, FL 33813		CITY - ST - ZIP	Lakeland FL 33813	
TITLE	S <input type="checkbox"/> Delete		TITLE		
NAME	SMITH, KATHLEEN		NAME		
STREET ADDRESS	COUPLES DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33813		CITY - ST - ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWDEN, KERRY		NAME	Cossin, Marie	
STREET ADDRESS	2255 COUPLES DRIVE		STREET ADDRESS	2346 Couples Dr	
CITY - ST - ZIP	LAKELAND, FL 33813		CITY - ST - ZIP	Lakeland FL 33813	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 live empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-20-05 <small>Date</small>		
			Daytime Phone # 863 581 4809 <small>Daytime Phone #</small>		

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01202005 Chg-NP CR2E037 (10/03)