

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90029 023 ****61.25

DOCUMENT # N99000002450

1. Entity Name
HOMEOWNER'S ASSOCIATION OF COLONY PARK, INC.



Principal Place of Business
**81 COLONY PARK DR
MIRAMAR BEACH, FL 32550**

Mailing Address
**81 COLONY PARK DR
MIRAMAR BEACH, FL 32550**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3588173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRES, GREGORY
33 COLONY PARK DR
MIRAMAR BEACH, FL 32550**

Name
MILLER, NANCY

Street Address (P.O. Box Number is Not Acceptable)

81 COLONY PARK DR.

City
MIRAMAR BEACH

FL

Zip Code
32550

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

NANCY W. MILLER S/T *Nancy W. Miller*

3-14-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVP
TORRES, GREGORY
33 COLONY PARK DR
MIRAMAR BEACH, FL 32550** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/VP
MARTINELLI, ROBERT
95 COLONY PARK DR.
MIRAMAR BEACH, FL 32550** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
MILLER, NANCY
81 COLONY PARK DR
MIRAMAR BEACH, FL 32550** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

Nancy W. Miller

NANCY W. MILLER

3-14-06

850-622-5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #