

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90457 026 \*\*\*\*61.25

**DOCUMENT # N99000003006**  
 1. Entity Name  
**THE COLONY AT HAWKSRIDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 4100 CORPORATE SQ., #105 4100 CORPORATE SQ., #105  
 NAPLES FL 34104 ~~#504~~  
 NAPLES FL 34104



MOORE CR2E037 (11/03)

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

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3576882** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANCHOR ASSOCIATES, INC.**  
**4100 CORPORATE SQ., #105**  
**NAPLES FL 34104**

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, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MALONE, BRIAN <input checked="" type="checkbox"/> Delete 2561 TALON CT., #403 NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUFANO, ROSARIO <input checked="" type="checkbox"/> Delete 2250 HAWKSRIDGE DR., #2301 NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORDANO, SKIP <input checked="" type="checkbox"/> Delete 2175 HAWKSRIDGE DR., #1202 NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICK BANKS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2215 HAWKSRIDGE #802 NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DON NEUREUTHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2220 HAWKSRIDGE DR #2103 NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TZ ROBERT DUGEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2165 HAWKSRIDGE DR #130Z NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON DAVIES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2170 HAWKSRIDGE DR #1002 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY MORGAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2235 HAWKSRIDGE DR #601 NAPLES FL 34105
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 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.

SIGNATURE: \_\_\_\_\_ **04.21.04** 239-262-1135  
 DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_