## '2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 22, 2005 8:00 am Secretary of State DOCUMENT # N99000003006 1. Entity Name 04-07-2005 90024 034 \*\*\*\*61.25 THE COLONY AT HAWKSRIDGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3940 Redio K Mailing Address Padio Suite, Apt. #. etc. Suite, Apt. #. etc 1st MOORE CR2E037 (10/04) H1// City & State City & State 4. FEI Number Applied For 59-3576882 Not Applicable Country \$8.75 Additional 34104 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANCHOR ASSOCIATES,-INC.-Street Address (P.O. Box Number is Not Acceptable) - --4100 CORPORATE SO., #105 3940 Radu Rd # 111 NAPLES FL 34104 City 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 (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 F0000488 9. Electron Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANG TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change BANKS, DICK NAME NAME 2215 HAWKSRIDGE #802 STREET ADORESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NEUREUTHER, DON NAME NAME 220 HAWKS RIDGE DR #2103 STREET ADORESS STREET ADDRESS NAPLES FL 34105 CITY-S1-ZIP £17-51-70 TITLE Delete Change ☐ Addition DUCEY, ROBERT NAME MARKE 2165 HAWKSRIDGE DR #1302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZP Delete HITLE TITLE Change ☐ Addition DAVIES, GORDON NAME HAME 2170 HAWKSRIDGE DR #1902 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-7P THLE Defete TITLE ☐ Addition RILEY, MORGAN NAME NAME 2235 HAWKSRIDGE DR #601 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-AP 11TLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 path; 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-titip empowered. SIGNATURE:

FILED

TREASURER