

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003006

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** THE COLONY AT HAWKSRIDGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2260 HAWKSRIDGE DRIVE  
NAPLES, FL 34105

**New Principal Place of Business:**

2335 TAMIAMI TRAIL N  
STE. 402  
NAPLES, FL 34103

**Current Mailing Address:**

2260 HAWKSRIDGE DRIVE  
NAPLES, FL 34105

**New Mailing Address:**

2335 TAMIAMI TRAIL N  
STE. 402  
NAPLES, FL 34103

**FEI Number:** 59-3576882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANCHOR ASSOCIATES, INC.  
3940 RADIO ROAD  
# 111  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

CAMBRIDGE MANAGEMENT OF SWFL  
2335 TAMIAMI TRAIL N  
STE. 402  
NAPLES, FL 34103 US

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.

SIGNATURE: JAMES MEADE

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIES, GORDON  
Address: 2165 HAWKSRIDGE DR  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: GAINEY, MATHEW  
Address: 2435 GAME HAWK CRT 1504  
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete  
Name: WEBER, DICK  
Address: 2150 HAWKSRIDGE DR  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: PIACENTE, RAY  
Address: 2520 TALON CT  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: FINNEN, PATRICIA  
Address: 2170 HAWKSRIDGE DR. #1904  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MEADE

VPD

03/24/2009

Electronic Signature of Signing Officer or Director

Date