2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032600

Title:

Name:

Address:

City-St-Zip:

() Delete

FOWLER, JAMES

7255 BARRAGA RD 4

FORT MYERS, FL 33912

FILED Mar 27, 2009 Secretary of State

Entity Nai	me: COLONY	AT BARRAGAN RD, INC.					
Current P	rincipal Place	e of Business:	New P	New Principal Place of Business:			
7255 BARI	RAGAN ROAE)					
1 FT MYERS	S, FL 33967						
Current M	lailing Addres	ss:	New M	New Mailing Address:			
7255 BARI	RAGAN ROAE						
1 FT MYERS	S, FL 33967						
FEI Number:	: 65-1114826	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired (()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
343 ALME	& UTRERA, P. RIA AVENUE ABLES, FL 33						
	named entity e of Florida.	submits this statement for the	e purpose of changi	ng its registere	d office or registered agent, or	both,	
SIGNATU	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip: Title:	TWOMEY, JOS 7255 BARRAG FORT MYERS,	AN ROAD	Title: Name: Address City-St-Z Title:		SBURG DR.		
Name: Address: City-St-Zip:	MARTINEZ, MA 7255 BARRAN FT MYERS, FL	ARIA GAU RD #3	Name: Address City-St-Z	MARTINEZ, 7255 BARR	MARIA AGAN RD #3		
Title: Name: Address: City-St-Zip:	VP (THOMSON, SA 7255 BARRAG FORT MYERS.	AN RD., #2	Title: Name: Address Citv-St-Z		(X) Change () Addition , STIJN L AGAN RD., #2 RS. FL 33967		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VP

FOWLER, JAMES

7255 BARRAGA RD 4

FORT MYERS, FL 33967

(X) Change () Addition

SIGNATURE: MARY CALDWELL PTS 03/27/2009