

2007 FOR PROFIT CORPORATIO ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90041 045 ***158.75

DOCUMENT # P98000108125

1. Entity Name
THE COLONNADES AT SPRING CREEK, INC.



Principal Place of Business
**1076 GOODLETTE ROAD N.
NAPLES, FL 34102**

Mailing Address
**1076 GOODLETTE ROAD N.
NAPLES, FL 34102**

40060000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3549995

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CRONACHER, ROY W JR.
1076 GOODLETTE ROAD N.
NAPLES, FL 34102**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PRES
CRONACHER, ROY W JR.
1076 GOODLETTE ROAD N.
NAPLES, FL 34102**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DIR
CRONACHER, JR., ROY W
1076 GOODLETTE ROAD N.
NAPLES, FL 34102**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
CABANA, RONALD P
1076 GOODLETTE ROAD N.
NAPLES, FL 34102**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

POSTED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 reports 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROY W. CRONACHER, JR.

4.6.07

235-685-8606