

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # S20577

1. Entity Name
COLONY RESORT, INC.



Principal Place of Business
**419 E GULF DR
SANIBEL, FL 33957**

Mailing Address
**419 E GULF DR
SANIBEL, FL 33957**



03302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0058239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EVANS, LARRY W
419 E GULF DR
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	STEEVES, DAN
STREET ADDRESS	835 LIDDLE LANE
CITY-ST-ZIP	CINCINATATI, OH 45215
TITLE	T
NAME	HARTMAN, RICHARD
STREET ADDRESS	665 REHOLD WOODS COURT
CITY-ST-ZIP	KETTERING, OH 45429
TITLE	P
NAME	JACOB, ANDREW
STREET ADDRESS	750 LIDO BLVD. #56-B
CITY-ST-ZIP	LIDO BEACH, NY 11561
TITLE	S
NAME	HUNT, TERRY
STREET ADDRESS	214 YOLANDE AVE, W.E.
CITY-ST-ZIP	JAMESTOWN, NY 14701
TITLE	BM
NAME	WILSON, SHERRY
STREET ADDRESS	4003 N HOLLYRIDGE CIRCLE
CITY-ST-ZIP	PEORIA, IL 61614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/08-80002-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 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

3/31/08

Date

239-472-5751

Daytime Phone #