


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90059 014 ***150.00

DOCUMENT # P00000032600					
1. Entity Name COLONY AT BARRAGAN RD, INC.					
Principal Place of Business 7255 BARRAGAN ROAD FORT MYERS, FL 33912			Mailing Address 7255 BARRAGAN ROAD FORT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc. <i>#1</i>		Suite, Apt. #, etc.			
City & State <i>FT MYERS FL</i>		City & State		4. FEI Number 65-1114826	
Zip <i>33967</i>		Country <i>LEE</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				58012007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 <i>Joseph E Twomey</i>		Signature, typed or printed name of registered agent and title if applicable		DATE <i>5-12-07</i>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TWOMEY, JOSEPH E		NAME		
STREET ADDRESS	7255 BARRAGAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHESPIN, SAMUEL		NAME		
STREET ADDRESS	7255 BARRAGAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMSON, SARAH M		NAME		
STREET ADDRESS	7255 BARRAGAN RD., #2		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONGABARDI, MICHAEL		NAME	<i>James Fowler</i>	
STREET ADDRESS	7255 BARRAGA RD., #4		STREET ADDRESS	<i>7255 Barragan Rd. #4</i>	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	<i>Fort. Myers, FL 33967</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Joseph E Twomey</i>		Signature and typed or printed name of signing officer or director		DATE: <i>5-12-07</i>	
				Daytime Phone #	

40117273

