

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S20577

**Entity Name:** COLONY RESORT, INC.

**Current Principal Place of Business:**

419 E GULF DR  
SANIBEL, FL 33957

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC5847606883**

**Current Mailing Address:**

419 E GULF DR  
SANIBEL, FL 33957

**FEI Number: 65-0058239**

**Certificate of Status Desired: No**

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

DEKKER, BETSY HMS  
419 E GULF DR  
SANIBEL, FL 33957 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FULMER, BARRY  
Address 11 RAMON BLVD  
City-State-Zip: FREEHOLD NJ 07728

Title DIRECTOR  
Name ROSS, MARY J  
Address 691 DEERHORN TRAIL  
City-State-Zip: YELLOW SPRINGS OH 45387

Title P  
Name JACOB, ANDREW  
Address 1417 SANDPIPER CIRCLE  
City-State-Zip: SANIBEL FL 33957

Title T  
Name WENDELL, FRED  
Address 24 HILTON ROAD  
City-State-Zip: DRYDEN NY 13053

Title SECRETARY  
Name MCNAMARA, BRIAN  
Address 328 CALHOUN ST APT. B  
City-State-Zip: NEW ORLEANS LA 70118

Title VP  
Name FULMER, BARRY  
Address 11 RAMON BLVD  
City-State-Zip: FREEHOLD NJ 07728

Title DIRECTOR  
Name ROSS, MARY J  
Address 691 DEERHORN TRAIL  
City-State-Zip: YELLOW SPRINGS OH 45387

Title P  
Name JACOB, ANDREW  
Address 1417 SANDPIPER CIRCLE  
City-State-Zip: SANIBEL FL 33957

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: ANDREW JACOB**

**PRESIDENT**

**01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title T  
Name WENDELL, FRED  
Address 24 HILTON ROAD  
City-State-Zip: DRYDEN NY 13053

Title SECRETARY  
Name MCNAMARA, BRIAN  
Address 328 CALHOUN ST APT. B  
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