


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90437 030 ****61.25

DOCUMENT # N28006			
1. Entity Name COLONY SOUTH, INC.			
Principal Place of Business 125 COLONY SOUTH DR. TARPON SPRINGS, FL 34689 US		Mailing Address 125 COLONY SOUTH DR. TARPON SPRINGS, FL 34689 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03092004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2908080	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	7. Name and Address of New Registered Agent
GUNTER, ROY E 40944 US HWY 19 N TARPON SPRINGS, FL 34689	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 Roy E. Gunter *Roy E. Gunter* 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	PT ORR, SHERRY	<input checked="" type="checkbox"/> Delete	TITLE NAME	P CHARLES RUSSELL 114 COLONY SOUTH DR. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	109 COLONY SOUTH DR TARPON SPRINGS, FL 34689		STREET ADDRESS CITY-ST-ZIP	114 COLONY SOUTH DR. TARPON SPRINGS, FL 34689	
TITLE NAME	T CALVE, GERALD	<input checked="" type="checkbox"/> Delete	TITLE NAME	VP SHARON ERFORTH 101 COLONY SOUTH DR. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	112 COLONY SOUTH TARPON SPRINGS, FL 34689		STREET ADDRESS CITY-ST-ZIP	101 COLONY SOUTH DR. TARPON SPRINGS, FL 34689	
TITLE NAME	T SIEGFRIED, JEAN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	104 COLONY SOUTH DR TARPON SPRINGS, FL 34689		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VD KARAPHILLIS, MICHAEL	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	123 COLONY SOUTH DRIVE TARPON SPRINGS, FL 34689		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D PAINE, JACKIE	<input checked="" type="checkbox"/> Delete	TITLE NAME	D ANNAD'AGOSTINO 113 COLONY SOUTH DR. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	121 COLONY SOUTH DRIVE TARPON SPRINGS, FL 34689		STREET ADDRESS CITY-ST-ZIP	113 COLONY SOUTH DR. TARPON SPRINGS, FL 34689	
TITLE NAME	S LAUER, DORIS	<input checked="" type="checkbox"/> Delete	TITLE NAME	S KIM FERENICH 106 COLONY SOUTH DR. TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	108 COLONY SOUTH DR TARPON SPRINGS, FL 34689		STREET ADDRESS CITY-ST-ZIP	106 COLONY SOUTH DR. TARPON SPRINGS, FL 34689	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Charles F. Russell *Charles F. Russell* 4-28-04 727-942-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #