


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 047 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



05232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2908080

Applied For
 Not Applicable

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

**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 _____
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete

NAME **RUSSELL, CHARLES**

STREET ADDRESS **114 COLONY SOUTH DR.**

CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **VP** Delete

NAME **ERFOURTH, SHARON**

STREET ADDRESS **101 COLONY SOUTH DR.**

CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **T** Delete

NAME **SIEGFRIED, JEAN**

STREET ADDRESS **104 COLONY SOUTH DR**

CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition

NAME **DELELLIS, CHRISTINE**

STREET ADDRESS **105 COLONY SOUTH DR.**

CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **VD** Delete

NAME **KARAPHILLIS, MICHAEL**

STREET ADDRESS **123 COLONY SOUTH DRIVE**

CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Delete

NAME **D'AGOSTINO, ANNA**

STREET ADDRESS **113 COLONY SOUTH DR.**

CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **S** Delete

NAME **PERENICH, KIM**

STREET ADDRESS **106 COLONY SOUTH DR.**

CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **S** Change Addition

NAME **SANDRA WISE**

STREET ADDRESS **116 COLONY SOUTH DR.**

CITY-ST-ZIP **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** **6/2/05** **727-942-4556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #