


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90109 025 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

60012056



01282007 Chg-NP CR2E037 (12/06)

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

GUNTER, ROY E
 40944 US HWY 19 N
 TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

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 May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CALVE, GERRY	
STREET ADDRESS	112 COLONY S DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ERFOURTH, SHARON	
STREET ADDRESS	101 COLONY SOUTH DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANIELS, LISA	
STREET ADDRESS	119 COLONY S DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONNOLLY, PHYLLIS	
STREET ADDRESS	111 COLONY S DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGFRIED, JEANNE	
STREET ADDRESS	104 COLONY S DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUER, DORIS	
STREET ADDRESS	108 COLONY SO DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/31/07

Daytime Phone #: 727-937-4498