


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-2908080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GUNTER, ROYCE~~  
~~40924 US HWY-19 N~~  
~~TARPON SPRINGS, FL 34689~~

DANIELS, LISA  
 119 COLONY S DR  
 TARPON SPRINGS, FL 34689

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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: *Lisa Daniels* DATE: 1/10/08

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000783504  
 01/16/08-80013-003 61.25

10. OFFICERS AND DIRECTORS

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

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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: *Gerald A. Calve* DATE: 1/10/2008 DAYTIME PHONE #: 727-937-4498

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

GERALD A. CALVE