

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N48148 (3)
 1. Corporation Name
 THE COLONY ASSOCIATION OF NASSAU COUNTY, INC.

Principal Place of Business Mailing Address
 4775 FIRST COAST HWY A1A AMELIA ISLAND FL 32034
 4775 FIRST COAST HWY A1A AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1992	3a. Date of Last Report 04/26/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4754 LEMON LANE 22 Suite, Apt. #, etc.	2a. Mailing Address 26 4754 LEMON LANE 27 Suite, Apt. #, etc.
23 City & State AMELIA ISLAND, FL	28 City & State AMELIA ISLAND FL
24 Zip 32034	25 Country NASSAU
29 Zip 32034	30 Country NASSAU

9. Name and Address of Current Registered Agent
 SCHOO, NIELSEN
 4775 FIRST COAST HWY A1A
 AMELIA ISLAND FL 32034

81 Name ROXANNE DEVRIES
82 Street Address (P.O. Box Number is Not Acceptable) 4754 LEMON LANE
83
84 City AMELIA ISLAND FL
85 Zip 32034

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Roxanne de Vries Roxanne de Vries 6/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE VD	NAME KETTLES, L CHRISTOPHER
STREET ADDRESS 400 MALL BLVD. STE. #K	CITY - ST - ZIP SAVANNAH GA
TITLE PD	NAME MONTGOMERY, H BRUCE
STREET ADDRESS 400 MALL BLVD SUITE K	CITY - ST - ZIP SAVANNAH GA
TITLE D	NAME DEVRIES, ROXANNE
STREET ADDRESS 4775 FIRST COAST HWY A1A	CITY - ST - ZIP AMELIA ISLAND FL 32034
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	4754 LEMON LANE
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE: H. B. MONTGOMERY H. B. MONTGOMERY 6/26/95 9123510100
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (3/95)