

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N48148** (3)

1. Corporation Name
THE COLONY ASSOCIATION OF NASSAU COUNTY, INC.



Principal Place of Business Mailing Address
4754 LEMON LANE AMELIA ISLAND FL 32034 US

3. Date Incorporated or Qualified **04/01/1992** 3a. Date of Last Report **07/13/1995**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**DEVRIES, ROXANNE
4754 LEMON LANE
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	VD-VP	<input type="checkbox"/> DELETE
NAME	KETTLES, L CHRISTOPHER	
STREET ADDRESS	400 MALL BLVD. STE #K 440 MALL BLVD	
CITY-ST-ZIP	SAVANNAH GA 31406	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, H BRUCE	
STREET ADDRESS	400 MALL BLVD SUITE K	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVRIES, ROXANNE	
STREET ADDRESS	4754 LEMON LANE	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LURA R. KETTLES	
STREET ADDRESS	440 MALL BLVD.	
CITY-ST-ZIP	SAVANNAH, GA 31406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	440 MALL BLVD., SUITE M	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" 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	600001768858	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/04/96--01014--023	
6.3 STREET ADDRESS	***61.25	
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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *L. Christopher Kettles* **1/21/96** **912-351-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)