

FILE NOW: FILING FEE IS \$61.25

FILED  
May 10, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N48148

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

Principal Place of Business  
1420 TRADEWINDS WAY  
AMELIA ISLAND FL 32034  
US

Mailing Address  
1420 TRADEWINDS WAY  
AMELIA ISLAND FL 32034  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HILDEBRAND, THOMAS E 4762 ST MARC CT AMELIA ISLAND FL 32034				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Thomas E Hildebrand* DATE: 5/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLAN, PHIL	1.2 NAME	
STREET ADDRESS	4 SWEETWATER OAKS DRIVE	1.3 STREET ADDRESS	JOHN VICKERS
CITY-ST-ZIP	AMELIA ISLAND FL 32034	1.4 CITY-ST-ZIP	2152 NATURES GATE CT. SOUTH AMELIA ISLAND, FL 32034
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, MARY ANN	2.2 NAME	
STREET ADDRESS	4741 MARTINIQUE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNS, JOHN	3.2 NAME	
STREET ADDRESS	4749 ST MARC COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDEBRAND, THOMAS	4.2 NAME	
STREET ADDRESS	4762 ST MARC COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, JEFF	5.2 NAME	
STREET ADDRESS	4732 WESTWIND CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, BARBARA	6.2 NAME	
STREET ADDRESS	4807 ST MARC COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Thomas E Hildebrand* DATE: 5/1/99 DAYTIME PHONE #: 9042774467

CR2E037 (1/98)