

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

07-05-2000 90878 044 \*\*\*\*61.25

**DOCUMENT # N48148**

1. Entity 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 32034-5564 US

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For:  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HILDEBRAND, THOMAS E**  
**4762 ST MARC CT**  
**AMELIA ISLAND FL 32034**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

B. 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**SEE IS \$61.25**

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

**Make Check Payable to**  
**Department of State**

| 10. OFFICERS AND DIRECTORS            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---------------------------------------|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP<br>DOLAN, PHIL<br>4 SWEETWATER OAKS DRIVE<br>AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S<br>PATTERSON, MARY ANN<br>4741 MARTINIQUE COURT<br>AMELIA ISLAND FL 32034 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | Paul Latina<br>4756 St. Marc Court<br>Amelia Island, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | I<br>DOWNS, JOHN<br>4749 ST MARC COURT<br>AMELIA ISLAND FL 32034 <input checked="" type="checkbox"/> Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | John Stifter<br>4749 Martinique Court<br>Amelia Island, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P<br>HILDEBRAND, THOMAS<br>4762 ST MARC COURT<br>AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete                | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D<br>WEBSTER, JEFF<br>4732 WESTWIND CT.<br>AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete                      | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O<br>O'BRIEN, BARBARA<br>4807 ST MARC COURT<br>AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. 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 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: *Thomas E. Hildebrand* **THOMAS E. HILDEBRAND** 5/24/00 (904) 277-4467  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)