

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 04, 2001 08:00 AM
Secretary of State

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 US
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

4. FEI Number
59-3561010

Applied For	Not Applicable
-------------	----------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HILDEBRAND THOMAS E
4762 ST MARC CT

AMELIA ISLAND FL 32034 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE **09/04/2001**

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

FILE NOW:
FEE 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

TITLE	D	<input type="checkbox"/> Delete
NAME	O BARBARA	
STREET ADDRESS	4807 ST MARC COURT	
CITY-ST-ZIP	AMELIS ISLAND FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBSTER JEFF	
STREET ADDRESS	4732 WESTWIND CT.	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILDEBRAND THOMAS	
STREET ADDRESS	4762 ST MARC COURT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	T	<input type="checkbox"/> Delete
NAME	STIFLER JOHN	
STREET ADDRESS	4749 MARTINIQUE COURT	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S	<input type="checkbox"/> Delete
NAME	LATINA PAUL	
STREET ADDRESS	4756 ST MARE COURT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOLAN PHIL	
STREET ADDRESS	4 SWEETWATER OAKS DRIVE	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL CARRIE	
STREET ADDRESS	4739 LEMOND CT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER JEFF	
STREET ADDRESS	4732 WESTWIND CT.	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDEBRAND THOMAS	
STREET ADDRESS	4762 ST MARC COURT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIFLER JOHN	
STREET ADDRESS	4749 MARTINIQUE COURT	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATINA PAUL	
STREET ADDRESS	4756 ST MARC COURT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK LINDA	
STREET ADDRESS	4815 GULFSTREAM COURT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Hildebrandt T 09/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)