

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48148

FILED
May 01, 2008
Secretary of State

Entity Name: THE COLONY ASSOCIATION OF NASSAU COUNTY, INC.

Current Principal Place of Business:

1420 TRADEWINDS WAY
AMELIA ISLAND, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1420 TRADEWINDS WAY
AMELIA ISLAND, FL 32034 US

New Mailing Address:

FEI Number: 59-3561010 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CACTUS PATCH MANAGEMENT SERVICES, INC.
2726 DELOREAN STREET
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WEBSTER, CAROL
Address: 4732 GULFSTREAM CT.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP () Delete
Name: THARIN, RUSSELL
Address: 4814 WESTWIND COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D () Delete
Name: HUTTON, BETSY
Address: 4748 LEMON COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: P () Delete
Name: HILDEBRAND, THOMAS
Address: 4762 ST MARC COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: T () Delete
Name: HUFFMAN, MARYANN
Address: 4742 ST. MARC CT.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D () Delete
Name: CRIBB, CAROLYN
Address: 4816 GULSTREAM COURT
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HILDEBRAND

P

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date