2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48148

FILED May 01, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	
	DEWINDS WAY ELAND, FL 32034 US		
Current Mailing Address:		New Mailing Address:	
	DEWINDS WAY ELAND, FL 32034 US		
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receiv		ce.
Name and	Address of Current Registered Agent:	Name and	I Address of New Registered Agent:
CACTUS PATCH MANAGEMENT SERVICES, INC. 2726 DELOREAN STREET FERNANDINA BEACH, FL 32034 US		CACTUS PATCH MANAGEMENT SERVICES, INC. 2627 DELOREAN STREET FERNANDINA BEACH, FL 32034 US	
	named entity submits this statement for the purpose e of Florida.	e of changing	its registered office or registered agent, or both,
SIGNATURE:			05/01/2009
	Electronic Signature of Registered Agent		Date
OFFICERS	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	S () Delete WEBSTER, CAROL 4732 GULFSTREAM CT. AMELIA ISLAND, FL 32034	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete THARIN, RUSSELL 4814 WESTWIND COURT AMELIA ISLAND, FL 32034	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LATINA, PAUL 4756 GULFSTREAM COURT AMELIA ISLAND, FL 32034
Title: Name: Address: City-St-Zip:	D () Delete HUTTON, BETSY 4748 LEMON COURT FERNANDINA BEACH, FL 32034	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WALKER, DEETA 4829 WESTWIND COURT FERNANDINA BEACH, FL 32034
Title: Name: Address: City-St-Zip:	P () Delete HILDEBRAND, THOMAS 4762 ST MARC COURT AMELIA ISLAND, FL 32034	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete HUFFMAN, MARYANN 4742 ST, MARC CT. AMELIA ISLAND, FL 32034	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D () Delete CRIBB, CAROLYN 4816 GULSTREAM COURT	Title: Name: Address:	() Change () Addition

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: TOM HILDEBRAND P 05/01/2009