

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N48148

FILED
Aug 25, 2003
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 ()

Name and Address of Current Registered Agent:

HILDEBRAND, THOMAS E
4762 ST MARC CT
AMELIA ISLAND, 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: JARRELL, PAMELA
Address: 4739 WESTWIND COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP () Delete
Name: LATINA, PAUL
Address: 4756 ST MARC COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D () Delete
Name: STIFLER, JOHN
Address: 4749 MARTINIQUE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

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

Title: P () Delete
Name: WEBSTER, JEFF
Address: 4732 WESTWIND CT.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D () Delete
Name: CAHILL, CARRIE
Address: 4739 LEMOND CT
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
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: WALKER, SUSAN
Address: 4829 WESTWIND COURT
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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 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

T

08/25/2003

Electronic Signature of Signing Officer or Director

_____ Date