

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728154

FILED
Mar 12, 2004
Secretary of State**Entity Name:** COLONY BEACH & TENNIS CLUB ASSOCIATION, INC.**Current Principal Place of Business:**1620 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228**New Principal Place of Business:****Current Mailing Address:**% STEPHEN J. MITCHELL
201 N. FRANKLIN ST. #2100
TAMPA, FL 33602**New Mailing Address:**ATTN: JODY NELSON-ACCOUNTING
1620 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228**FEI Number:** 59-1519496**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KLAUBER, MURRAY J.
1620 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 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:** D () Delete
Name: ADAMS, ANDY
Address: 801 MOORELAND LANE
City-St-Zip: MURFREESBORO, TN 37128**Title:** D () Delete
Name: ROSS, STUART
Address: 46 LAUREL HILL ROAD
City-St-Zip: EAST GREENWICH, RI 02818**Title:** TD () Delete
Name: BANK, DAVID
Address: 4801 RESERVOIR RD
City-St-Zip: GENESEO, NY 14454**Title:** D () Delete
Name: ZIZZA, SAL
Address: 1 GRACE SQUARE, 10TH FLOOR
City-St-Zip: NEW YORK, NY**Title:** S () Delete
Name: JOHNSON, MARILYN
Address: 1000 LAKE SHORE PLAZA SUITE 40A
City-St-Zip: CHICAGO, IL 60611**Title:** D () Delete
Name: MCMAHON, PAT
Address: 1220 CHILVER ROAD
City-St-Zip: WINDSOR, ON N8Y 2L1 CA**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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Name:
Address:
City-St-Zip:

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: SAL ZIZZA

D

03/12/2004

Electronic Signature of Signing Officer or Director

Date