

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 748268 (0)

1. Corporation Name

COLONY COVE NORTH ASSOCIATION, INC.

95 APR -5 PM 2:16

Principal Place of Business

**7520 US 301 NORTH
ELLENTON FL 34222**

Mailing Address

**7520 US 301 NORTH
ELLENTON FL 34222**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1979

3a. Date of Last Report

03/15/1994

4. FEI Number

59-1922226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAYARD, JANE
24 TAHITIAN DRIVE
2
ELLENTON FL 34222**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	THORNTON, RONALD	115 GREAT OAKS WAY	ELLENTON FL
D	SHEPARD, WILLIAM	81 POMPANO DRIVE	ELLENTON FL
D	KULL, WALTER H.	440 SUNSET CR. S.	ELLENTON FL
D	BURLEIGH, THOMAS	180 POINCIANA DR	ELLENTON FL
D	ORAS, PHYLLIS	417 SUNSET CIR NO	ELLENTON FL
D	BEASTER, CAROLD	608 MONTEGO LN 00	ELLENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	Benford, Daniel	31 Granada Way	Ellenton, FL 34222	☒	☐
D	Henry, Betty	157 Colony Drive N.	Ellenton, FL 34222	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
D	Schlottenmeier, Ruth	438 Sunset Circle S.	Ellenton, FL 34222	☒	☐
D	Jackson, Al.	60 Colony Drive N.	Ellenton, FL 34222	☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter H. Kull

3/30/95

813.722.0715