

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90090 044 \*\*\*\*61.25

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**DOCUMENT # 748268**

1. Corporation Name

**COLONY COVE NORTH ASSOCIATION, INC.**

Principal Place of Business

7520 US 301 NORTH  
ELLENTON FL 34222

Mailing Address

7520 US 301 NORTH  
ELLENTON FL 34222



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

3. Date Incorporated or Qualified

**07/31/1979**

4. FEI Number

**59-1922226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

**Herbert Farrand**

82

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

**116 Great Oaks Way**

83

City

**Ellenton**

84

State

**FL**

85

Zip Code

**34222**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Herbert Farrand*

(Herbert Farrand)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **BRINKUS, BARNEY**

STREET ADDRESS **13 TAHITIAN DR**

CITY-ST-ZIP **ELLENTON FL 34222**

TITLE ☐ DELETE

NAME **HENRY, BETTY**

STREET ADDRESS **157 COLONY DRIVE N**

CITY-ST-ZIP **ELLENTON FL**

TITLE ☐ DELETE

NAME **KULL, WALTER H.**

STREET ADDRESS **440 SUNSET CR. S.**

CITY-ST-ZIP **ELLENTON FL**

TITLE ☐ DELETE

NAME **LOREN BROWN**

STREET ADDRESS **33 GRANADA WAY**

CITY-ST-ZIP **ELLENTON FL**

TITLE ☒ DELETE

NAME ~~**SANDY HAYES**~~

STREET ADDRESS ~~**525 MONTEGO LANE N**~~

CITY-ST-ZIP ~~**ELLENTON FL**~~

TITLE ☐ DELETE

NAME **JACKSON, AL**

STREET ADDRESS **60 COLONY DRIVE N**

CITY-ST-ZIP **ELLENTON FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

**Romaine Wismer**

**501 Sable Palm North**

**Ellenton, FL 34222**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Walter H. Kull*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER H. KULL

2-19-99 941-722-0715  
Date Daytime Phone #

CR2E037 (11/98)