


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 748268 1. Entity Name COLONY COVE NORTH ASSOCIATION, INC.	
---	---

Principal Place of Business 5 TAHITIAN DRIVE ELLENTON, FL 34222	Mailing Address 5 TAHITIAN DRIVE ELLENTON, FL 34222
---	---



01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1922226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NETTLES, GEORGE
116 GREAT OAKS WAY
5 TAHITIAN DRIVE
ELLENTON, FL 34222

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENNENBAUM, LES 321 COLONY DR N ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTLES, GEORGE E 5 TAHITIAN DR ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, LEON 90 POMPANO DR ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOE, MARGO 527 MONTEGO LANE N ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIN, LEOLA 307 COLONY DRIVE N ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, MARGARET 407 SUNSET CIRCLE N ELLENTON, FL 34222

U00000028696
02/04/04-80035-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George E Nettles 1-28-04 941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #