

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90371 003 \*\*\*\*61.25

**60030224**



02212006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 748268</b> 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1922226	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BABER, LEON 90 POMPANO DR ELLENTON, FL 34222				7. Name and Address of New Registered Agent  Name Street Address (P.O.) City	
				Mercer, Lynn 467 Sunset Circle South Ellenton, FL 34222	
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 <u>Lynn M Mercer</u> <u>Lynn M Mercer</u> <u>4/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MERCER, LYNN 467 COLONY DR NORTH ELLENTON, FL 34222		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Mercer, Lynn 467 Colony Drive South Ellenton, FL 34222	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZUMMER, JOY 323 COLONY DR NORTH ELLENTON, FL 34222		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Holloway, Margo Loe 527 Montego Lane North 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	T/D Mahoney, Margaret 407 Sunset Circle North Ellenton, FL 34222	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HECK, RUTH 88 POMPANO DR 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				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lynn M Mercer</u> <u>Lynn M Mercer</u> <u>4/11/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					