2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # 748268 1. Entity Name COLONY COVE NORTH ASSOCIATION, INC.					04-23-2007 90099 028 ****61.25				
Principal Plac 5 TAHITIAN I ELLENTON, I		Mailing Address 5 TAHITIAN DRIVE ELLENTON, FL 34222	•			L CRISTO ENGUA OFFICI CRIS	1 SIEN ENEN SIEN SI	FA S/Til BIN	147 3) di 13 81
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04152007 C	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-192222	26			oplied For ot Applicable
Zip Country		Zip	Zip Co		5. Certificate of Status Desired Secret Fee Required				
	6. Name and Address of Currer	nt Registered Agent			7. Name and Add	iress of New R	egistered Age	rst	
MERCER, LYNN				Name					
467 SUNSET CIR S ELLENTON, FL 34222				Street Addres	ss (P.O. Box Number is	Not Acceptable	9)		
				City			F.	Zip Cod	
	a named entity submits this statement tions of registered agent.	for the purpose of changing its	register	ed office or regi	stered agent, or both, in	the State of Ho	orida. Tam tami	iliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if applicable. (NQI	E: Registere	d Agent signsture mg	uired when roinstating)		DATE		
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2 ;	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees		ake check pa ida Departme	-	
10.	OFFICERS AND D	Trust Fund	Contribut	ion.	Added to Fees ADDITIONS/CHANG	Flor	ida Departme	TORS IN	tate
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TITLE	OFFICERS AND D	Trust Fund	11. mu NAM STRI	E D GGET ADDRESS 19	Added to Fees ADDITIONS/CHANG ORDON KRAMER	Flor	ida Departme	TORS IN	tate
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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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes.

SIGNATURE: AND TYPED OR PRINTED HAME OF BICHONG OFFICER OR DESCRIPTION DE PROPRIÉTE PROPRE PR