

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90057 043 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1922226	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent MERCER, LYNN 467 SUNSET CIR S ELLENTON, FL 34222					
7. Name and Address of New Registered Agent Name St Ronald Stephan 40 Colony Drive North Ellementon FI 34222 Ci. FL Zip Code					
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><i>Ronald Stephan</i></u> <u><i>Ronald P. Stephan</i></u> <u><i>4/8/08</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, GORDON 199 POINCIANA DRIVE ELLENTON, FL 34222	☒ Delete	TITLE ☒ D NAME STREET ADDRESS CITY-ST-ZIP	Kathy Brown 33 Granada Way Ellementon FI 34222	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACEY, JAMES 503 SABLE PALM NORTH ELLENTON, FL 34222	☐ Delete	TITLE ☒ D NAME STREET ADDRESS CITY-ST-ZIP	Fred Roselli 467 Sunset Circle South Ellementon FI 34222	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, IKE 318 COLONY DRIVE NORTH ELLENTON, FL 34222	☒ Delete	TITLE ☒ D NAME STREET ADDRESS CITY-ST-ZIP	Shirley Hourihan 479 Sunset Circle South Ellementon FL 34222	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECK, RUTH 88 POMPANO DR ELLENTON, FL 34222	☐ Delete	TITLE ☒ D NAME STREET ADDRESS CITY-ST-ZIP	Brian Murphy 475 Sunset Circle South Ellementon FI 34222	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERCER, LYNN 467 SUNSET CIRCLE SO ELLENTON, FL 34222	☒ Delete	TITLE ☒ D NAME STREET ADDRESS CITY-ST-ZIP	Milt Cooper 339 Colony Drive North Ellementon FL 34222	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHONEY, MARGARET 407 SUNSET CIRCLE N ELLENTON, FL 34222	☐ Delete	TITLE ☒ P, D, NAME STREET ADDRESS CITY-ST-ZIP	Ronald Stephan 40 Colony Drive North Ellementon FI 34222	☐ Change ☒ Addition
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><i>Ronald P. Stephan</i></u> <u><i>Ronald L. Stephan</i></u> <u><i>4/8/08</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					