

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748268

FILED
Apr 16, 2009
Secretary of State

Entity Name: COLONY COVE NORTH ASSOCIATION, INC.

Current Principal Place of Business:

5 TAHITIAN DRIVE
ELLENTON, FL 34222

New Principal Place of Business:

131 TAHITIAN DRIVE
ELLENTON, FL 34222

Current Mailing Address:

5 TAHITIAN DRIVE
ELLENTON, FL 34222

New Mailing Address:

131 TAHITIAN DRIVE
ELLENTON, FL 34222

FEI Number: 59-1922226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHAN, RONALD
40 COLONY DRIVE NORTH
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, KATHY
Address: 33 GRANADA WAY
City-St-Zip: ELLENTON, FL 34222

Title: D () Delete
Name: TRACEY, JAMES
Address: 503 SABLE PALM NORTH
City-St-Zip: ELLENTON, FL 34222

Title: D () Delete
Name: HOURIHAN, SHIRLEY
Address: 479 SUNSET CIRCLE SOUTH
City-St-Zip: ELLENTON, FL 34222

Title: S () Delete
Name: HECK, RUTH
Address: 88 POMPAÑO DR
City-St-Zip: ELLENTON, FL 34222

Title: D () Delete
Name: COOPER, MILT
Address: 339 COLONY DRIVE NORTH
City-St-Zip: ELLENTON, FL 34222

Title: TD () Delete
Name: MAHONEY, MARGARET
Address: 407 SUNSET CIRCLE N
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BROWN, KATHY
Address: 33 GRANADA WAY
City-St-Zip: ELLENTON, FL 34222

Title: VPD (X) Change () Addition
Name: TRACY, JAMES
Address: 503 SABLE PALM NORTH
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MURPHY, BRIAN
Address: 475 SUNSET CIRCLE SOUTH
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD STEPHAN

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date