PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 748268

1. Corporation Name

COLONY COVE NORTH ASSOCIATION, INC.

Principal	Place	of	Business
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	د خ. ـ		

Mailing Address



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7520 US 30 ELLENTON	14	7520 US 301 ELLENTON FL	MORIH # 5-									
	addresses are incorrect in any way, line thro	000024703000 11/14/03 01023 004 **61.25 4. Date incorporated of Qualified										
Suite, Apt.	#, etc. ,	3. New Mail		To Do Busi	ness in Florida 07/31/1979							
City & State	TAHITION DRIVE	5 TA	HITTIAN DI	RIVC	5FEI Numbe	59-1922226 - Applied For Not Applicable]- 					
Zip 3 4 2	PENTON; FL.	Zip 342	Country	- 5 A	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status							
7. Names	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)		3					
Title(s)	Name of Officers and/or Directors	~		eet Address of Each ficer and/or Director		City / State / Zip						
D	TENNENBAUM, LES		321 COLONY DR	l N		ELLENTON FL 34222						
D	KEIM, ROBERT George E. Nett Les	<u> </u>	110 CYPRESS W		10	ELLENTON FL 34222						
D	HAZEL, DON LEON BARBER		24 TAHITIAN DR 90 POM	PANO DR	ive	ELLENTON FL 34222						
D	MARSO LOC		33-GRANADA W/ 5-27-MON	TESOLAN	ve N	ELLENTON FL 34222						
D	GORDON, RICHARD- Leola (191N		2000 COLONY DR 3073	•		ELLENTON FL 34222						
D	MAHONEY, MARGARET		407 SUNSET CIR	ICLE N		ELLENTON FL 34222						
	8. Name and Address of Current F			Maria	9. Name and Address of New Registered Agent							
116 G	ND, HERBERT GEORGE REAT OAKS WAY 5 TAKIT TON FL 34282 Blento	E. Nell IAN DA N, FL.	tles 1142 3422>	Name G.C.o.R.g.c & Nettles Street Address (P.O. Box Number is Not Acceptable) 5 TALITIAN DRIVE Suite, Apt. #, Etc. City F. / State Zip Code								
10. I, being	g appointed the registered agent of the above	/e named corpo	oration, am familiar wi	th and accept the ob	oligations of Sect	ion 607.0505, F.S. or 617.0505, F.S.						
Signature o Registered		Well GISTERED AG	ENT MUST SIGN			Date						
11. I certify	that I am an officer or director or the receiv	er or trustee en	powered to execute	this application as p	rovided for in cha	apter 607 or 617, F.S. I further certify that when filing	1					

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

941-729-

Colony Cove North Association, Inc.

5 Tahitian Drive Ellenton, FL 34222 941-729-6814

November 12, 2003

Dear Sir,

This is to certify that Colony Cove North Association did not receive the previous UBR notices.

-As you can see by our renewal application there have been changes in the officers and apparently the notices were not passed on.

Enclosed is our check for the \$61.25 Annual report fee and I can assure you that in future years this will be taken care of promptly.

Sincerely,

George E. Nettles

President