

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748619 (4)

1. Corporation Name
COLONY COVE SOCIAL ASSOCIATION, INC.



Principal Place of Business
**5033 FRENCH CIR
NEW PORT RICHEY FL 34653-1910**

Mailing Address
**5033 FRENCH CIR
NEW PORT RICHEY FL 34653-1910**

3. Date Incorporated or Qualified
08/23/1979

3a. Date of Last Report
01/27/1995

4. FEI Number
59-2032539

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**MONCOL, JAN K., ESQ.
2121 N.E. COACHMAN ROAD
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAIONE, FRANCISE	
STREET ADDRESS	5154 SERENE SQUARE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MORISON, CHARLES	
STREET ADDRESS	5147 RUBBERTREE CIRCLE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPECK, ALMA	
STREET ADDRESS	5098 DAMSEN CIRCLE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOORE, ALYCE	
STREET ADDRESS	5033 FRENCH CIR	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	VP STOTTS, David
23. STREET ADDRESS	5192 Rubbertree Cir
24. CITY - ST - ZIP	New Port Richey, FL
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alyce H. Moore* **Alyce H. Moore, Treasurer** *1/24/96* **(813) 847-9097**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)