

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000000111

1. Entity Name
COLONY COVE CO-OP, INC.



Principal Place of Business
5229 RUBBER TREE CIRCLE
NEW PORT RICHEY, FL 34653-4997

Mailing Address
5229 RUBBER TREE CIRCLE
NEW PORT RICHEY, FL 34653-4997

FILED
08 NOV 10 PM 12:12
CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3689478

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SPERA, HERMAN D
5229 RUBBERTREE CIRCLE
#550
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name
WILLIAM KNOTTS
Street Address (P.O. Box Number is Not Acceptable)
5116 COQUINA CIR. # 230
City
NEW PORT RICHEY FL Zip Code
34653

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 *William A. Knotts*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE PD ☐ Delete
NAME STARR, KENNETH
STREET ADDRESS 5229 RUBBER TREE CIRCLE #307
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VPD ☐ Delete
NAME URDA, FRED
STREET ADDRESS 5009 COQUINA CIRCLE #223
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE TD ☐ Delete
NAME JURKOWSKI, RAYMOND
STREET ADDRESS 5293 POINCIANA CIR #233
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE SD ☐ Delete
NAME OLESKI, MARY ANN
STREET ADDRESS 6905 FLORIDA ELM DRIVE #314
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE D ☒ Delete
NAME SPERA, HERMAN
STREET ADDRESS 5126 SERENE SQUARE 3550
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE D ☐ Delete
NAME WHEELHOUSE, LORRAINE
STREET ADDRESS 5126 SERENE SQUARE 3550
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition
NAME WILLIAM KNOTTS
STREET ADDRESS 5116 COQUINA CIR. # 230
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☐ Addition
NAME 300137794493
STREET ADDRESS 11/10/09--01066--010
CITY-ST-ZIP **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kenneth Starr* KENNETH STARR 11-6-09 727 847-6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #