


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90029 039 ****61.25

DOCUMENT # N02109 1. Entity Name COLONY COVE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 5149 COQUINA CIR NEW PT RICHEY, FL 34653 US			Mailing Address 5149 COQUINA CIR NEW PT RICHEY, FL 34653 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3012446	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLARKE, DENNIS 5109 COQUINA CIR NEW PORT RICHEY, FL 34653				Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, ROBERT		NAME	GRADY JOHN	
STREET ADDRESS	5120 COQUINA CIR		STREET ADDRESS	5153 COQUINA CIR	
CITY-ST-ZIP	NEW PT. RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY FL. 34653	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINHARDT, KATHRYN		NAME	D JOAQUIM DOLORES	
STREET ADDRESS	5149 COQUINA CIR		STREET ADDRESS	5150 DAMSEN	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY FL. 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIEZ, RICHARD		NAME	D CHAFFEE DAVID	
STREET ADDRESS	5132 COQUINA CIR		STREET ADDRESS	5274 POINCIANA CIR	
CITY-ST-ZIP	NEW PT RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY FL. 34653	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	W/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DENNIS		NAME	CLARKE DENNIS	
STREET ADDRESS	5109 COQUINA CIR		STREET ADDRESS	5109 COQUINA CIR	
CITY-ST-ZIP	NEW PT. RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY FL. 34653	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAFFEE, DAVID		NAME		
STREET ADDRESS	5274 POINCIANA CIR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Dennis Clarke</u> DENNIS CLARKE VP <u>7-27-05</u> <u>(327) 841-7910</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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