

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N02109**

1. Entity Name  
COLONY COVE HOME OWNERS ASSOCIATION, INC.



FILED

2006 OCT -3 P 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5149 COQUINA CIR  
NEW PT RICHEY, FL 34653 US  
5109

Mailing Address  
5149 COQUINA CIR  
NEW PT RICHEY, FL 34653 US  
5109

2. Principal Place of Business  
5109 COQUINA CIR

3. Mailing Address  
5109 COQUINA CIR

Suite, Apt. #, etc.

09292006 REIN-NP CR2E099 (11/05)

City & State  
NEW PT RICHEY

City & State  
NEW PT RICHEY

Zip  
34653

Country  
US

4. FEI Number  
59-3012446

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARKE, DENNIS  
5109 COQUINA CIR  
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name

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

City, State, and Zip Code  
FL

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 Dennis Clarke DENNIS CLARKE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, ROBERT 5120 COQUINA CIR NEW PT. RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN HANSON 5152 COQUINA CIR NEW PORT RICHEY 34653 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REINHARDT, KATHRYN 5149 COQUINA CIR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARRON IRELAND 5033 COCOA PLUM NEW PT RICHEY 34653 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFEE, DAVID 5274 POINCIANA CIR NEW PT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REINHARDT KATHRYN 5149 COQUINA CIR NEW PT RICHEY 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YTB PD CLARKE, DENNIS 5109 COQUINA CIR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE DENNIS 5109 COQUINA CIR NEW PORT RICHEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUAY, JOHN 5153 COQUINA CIR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUAY JOHN 5153 COQUINA CIR NEW PT RICHEY 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOAQUIM, DOLORES 5150 DAMSEN NEW PORT RICHEY, FL 34053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOAQUIM DOLORES 5150 DAMSEN NEW PT RICHEY 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dennis Clarke DENNIS CLARKE PD October 2 2006 727 841 7910

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