


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90049 032 ****70.00

DOCUMENT # N02109 1. Entity Name COLONY COVE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 5109 COQUINA CIR NEW PT RICHEY, FL 34653 US			Mailing Address 5109 COQUINA CIR NEW PT RICHEY, FL 34653 US		
2. Principal Place of Business - No P.O. Box #		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 checked="" type="checkbox"/>				Applied For Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, NORMAN 5152 COQUINA CIR NEW PT. RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELANGER, SANDY 5101 ROBERTREE NEW PT. RICHEY FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLTON, JAN 5144 COQUINA CIR NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY ROBERT 5273 POINCIANA NEW PT. RICHEY, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, SANDY 5141 COQUINA CIR NEW PT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, DENNIS 5109 COQUINA CIR NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUAY, JOHN 5153 COQUINA CIR NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFER, DAVID 52700 POINCIANA NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFEE DAVID 5274 POINCIANA NEW PT RICHEY FL 34653	
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: <u>Dennis Clarke</u> DENNIS CLARKE <u>4-16-08</u> <u>(727) 241-7910</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					