2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N07000011165

1. Entity Name
COLONY COVE SOCIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5229 RUBBERTREE CIRCLE NEW PORT RICHEY, FL 34653	5229 RUBBERTREE CIRCLE NEW PORT RICHEY, FL 34653

DO NOT WRITE IN THIS SPACE

01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2032539
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GODFREY, ARLENE
5229 RUBBERTREE CIRCLE
NEW PORT RICHEY, FL 34653

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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: Arlene M. Godfrey (no change) 3-15-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GODFREY, ARLENE
STREET ADDRESS	5229 RUBBERTREE CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	VD
NAME	BUCK, PAMELA
STREET ADDRESS	5229 RUBBERTREE CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	T
NAME	BENNETT, GAIL
STREET ADDRESS	5229 RUBBERTREE CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	S
NAME	STARR, SHERRI
STREET ADDRESS	5229 RUBBERTREE CIRCLE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/08-80014-022 61.25

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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: Arlene M. Godfrey ARLENE M. GODFREY 3-15-08 727-849-2126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #