

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011165

FILED  
Feb 20, 2011  
Secretary of State

**Entity Name:** COLONY COVE SOCIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

5229 RUBBER TREE CIRCLE  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

5229 RUBBER TREE CIRCLE  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 59-2032539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STARR, SHARON  
5229 RUBBERTREE CIRCLE  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

ADLER, GAYLE  
5229 RUBBERTREE CIRCLE  
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE: GAYLE ADLER

02/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ADLER, GAYLE  
Address: 5229 RUBBER TREE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP  
Name: CONAUGHTY, VALERIE  
Address: 5229 RUBBER TREE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T  
Name: MCARTHUR, DAWN  
Address: 5229 RUBBER TREE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S  
Name: GLAZE, BARBARA  
Address: 5229 RUBBER TREE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAYLE ADLER

P

02/20/2011

Electronic Signature of Signing Officer or Director

Date