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NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

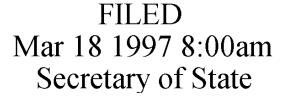
(0)

COLONNADES CONDOMINIUM ASSOCIATION NO. 2, INC.

1140 BAYSHORE DR	
ET DIEDCE EL 34040	

Principal Place of Business

Mailing Address





1140 BAYSHO FT PIERCE FL		1140 BAYSHORE DR FT PIERCE FL 34949-3044					
					3. Date Incorporated or Qualified 10/08/1970	3a. Date of La 03/0	st Report 3/1996
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 59-1361900		Applied For
21		26			59-136 1900		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	75 Additional
City & Stat		City & State					e Required
23 City & Star	te	— ´			Lilection Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	28 Zip	Country	·	This corporation has liability for.		
24	25	29	30			Yes No	iei s. 199.032,
<u></u>	9. Name and Address of Curr		1001		10. Name and Address of New Re	<u> </u>	
			81	Name			
TOWNS	SEND, ARNOLD J.		82	Street Ac	dress (P.O. Box Number is Not Acceptal	hle\	
	AYSHORE DR.		02	Jueet Ac	ratess (r.o. box Nomber is Not Acceptat	ole <i>)</i>	
SUITE	207		83				
FT PIER	RCE FL 34949		84	City		85	Zip Code
] -,			·
	to the provisions of Sections 617.0 registered agent, or both, in the Starm familiar with, and accept the obl	to of Florida Such change wite of Florida State of Florida Such change wite of Florida State of Florida Stat	latutes, the abov vas authorized b 3, Florida Statute	e-named co y the corpo s.	orporation submits this statement for the praction's board of directors. I hereby acce	ourpose of chang pt the appointmen	ing its registered it as registered
SIGNATURE	Signature, typed or printed name of rogistered r	agent and title if applicable	(NOTL: flegistered Ag	ent signature rec	quired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	TD	DELETE	1.1 THE	T [TVP D	⚠ Cha	inge 🔲 Addition
NAME	NIXON, JOHN		1.2 NAME	ţ			
STREET ADDRESS	1177 BAYSHORE DR., #10	93	1,3 STREET	ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL 00000	, <u></u>	1.4 CITY -	ST - ZIP			
TITLE	PD ADMOUD	DELETE				☐ Cha	inge 🔲 Addition
NAME	TOWNSEND, ARNOLD		2 2 NAME	}			
STREET ADDRESS	1177 BAYSHORE DR.		2.3 STREE				
CITY-ST-ZIP TITLE	FT. PIERCE FL	DELETE	2. 4 CITY-	ST-ZIP		Cha	nge Addition
	KIESSEL, BETTY		3.1 TITLE			□1 cus	nige C Addition
NAME STREET ADDRESS	1177 BAYSHORE DR., #20	11	3.2 NAME 3.3 STREE	ABBOTOS			
CITY-ST-ZIP	FT. PIERCE FL	, i		ĺ			
TITLE	S	DELETE	3.4. CITY- 4.1 TITEF		<u> </u>	Cha	inge Addition
NAME	SNAVELY, ETHEL		4, 2 NAME	0	5D	<i>/</i> 4 ····	- Lauren
STREET ADDRESS	1177 BAYSHORE DR #203	}		ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL		4.4 C(1Y -			•	
TITLE	 	☐ DELETE				☐ Cha	inge Addition
NAME	1		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CMY-1				
TITLE		DELETE	6.1 TITLE			Cha	nge Addition
NAME			6.2 NAME]			
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY - ST - ZIP			6.4 CITY-				
14. I do here	by certify that the information supplent indicated on this annual report of	lied with this filing does not d	ualify for the exc	mption stat	ted in Section 119.07(3)(i), Florida Statute	s. I further certify	that the

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 12 or Block 13 if changed, or on an attachment with an address.