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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719464 (0)

1. Corporation Name
COLONNADES CONDOMINIUM ASSOCIATION NO. 2, INC.



Principal Place of Business 1140 BAYSHORE DR FT PIERCE FL 34949	Mailing Address 1140 BAYSHORE DR FT PIERCE FL 34949
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3. Date Incorporated or Qualified
10/08/1970

4. FEI Number
59-1361900

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**TOWNSEND, ARNOLD J.
 1177 BAYSHORE DR.
 SUITE 207
 FT PIERCE FL 34949**

10. Name and Address of New Registered Agent

81 Name **GLORIA GRIMYSER**

82 Street Address (P.O. Box Number is Not Acceptable)
1177 BAYSHORE DR, #107

83

84 City **FT PIERCE, FL** **FL** 85 Zip Code **34949**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	TVPD	<input type="checkbox"/>
NAME	NIXON, JOHN	
STREET ADDRESS	1177 BAYSHORE DR., #103	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	TOWNSEND, ARNOLD	
STREET ADDRESS	1177 BAYSHORE DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	KIESSEL, BETTY	
STREET ADDRESS	1177 BAYSHORE DR., #201	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/>
NAME	SNAVELY, ETHEL	
STREET ADDRESS	1177 BAYSHORE DR #203	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	PT	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	P/D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	GLORIA GRIMYSER		
2.3 STREET ADDRESS	1177 BAYSHORE DR, #107		
2.4 CITY-ST-ZIP	FT PIERCE, FL 34949		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/22/98**
 Signature, typed or printed name of signing officer or director Date Daytime Phone # **0071647**

CR2E037 (10/97)