

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0062907

DOCUMENT # 719464

1. Entity Name

COLONNADES CONDOMINIUM ASSOCIATION NO. 2, INC.

03-05-2001 90001 044 ****61.25

Principal Place of Business

Mailing Address

1140 BAYSHORE DR
 FT PIERCE FL 34949

1140 BAYSHORE DR
 FT PIERCE FL 34949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1361900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMYSER, GLORIA
 1177 BAYSHORE DR.
~~SUITE 107~~
 FT PIERCE FL 34949

#107

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	NIXON, JOHN	
STREET ADDRESS	1177 BAYSHORE DRIVE #107 #103	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIMYSER, GLORIA	
STREET ADDRESS	1177 BAYSHORE DRIVE #107	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCLURE, KATHERYN	
STREET ADDRESS	1177 BAYSHORE DR, #205	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROSITTO, ROBERT	
STREET ADDRESS	1177 BAYSHORE DR, #201	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D KOLVIG	<input type="checkbox"/> Delete
NAME	KOLVIE, ROBERT	
STREET ADDRESS	1177 BAYSHORE DR, #202	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01 561-465-8460
 Date Daytime Phone #

CR2E037 (10/00)