

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90002 050 \*\*\*\*61.25

**DOCUMENT # 719464**  
 1. Entity 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

**44050601**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03012003 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NIXON, JOHN	
STREET ADDRESS	1177 BAYSHORE DR #103	
CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AMMERMAN, FRANK	
STREET ADDRESS	1177 BAYSHORE DR #202	
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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSITTO, ROBERT	
STREET ADDRESS	1177 BAYSHORE DR.,	
CITY-ST-ZIP	FT PIERCE, FL 34949	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOLVIG, ROBERT	
STREET ADDRESS	1177 BAYSHORE DR #201	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA GRIMYSER	
STREET ADDRESS	1177 BAYSHORE DR #107	
CITY-ST-ZIP	FT PIERCE, FL 34949	
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:** *Gloria Grimsyer* Date: \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR