
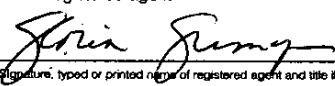



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90424 029 ****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			
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 <input type="checkbox"/> \$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. 107 FT PIERCE, FL 34949			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 4-4-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES. PRES.	<input type="checkbox"/> Delete	TITLE	←	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMYSER, GLORIA		NAME		
STREET ADDRESS	1177 BAYSHORE DR # 107		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	SECY. SECY.	<input type="checkbox"/> Delete	TITLE	←	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, KATHERYN		NAME		
STREET ADDRESS	1177 BAYSHORE DR, #205		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	JAMES NIXON, TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLVIG, ROBERT		NAME	1177 BAYSHORE DR. #103	
STREET ADDRESS	1177 BAYSHORE DR #201		STREET ADDRESS	FT. PIERCE, FL 34949	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				DATE 4-3-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	