

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90053 032 ****61.25

DOCUMENT # 719464
 1. Entity Name
COLONNADES CONDOMINIUM ASSOCIATION NO. 2, INC.



Principal Place of Business Mailing Address
 1140 BAYSHORE DR 1140 BAYSHORE DR
 FT PIERCE, FL 34949 FT PIERCE, FL 34949

DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

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

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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: *Gloria Grimsyer* DATE: 1-23-07

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 May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMYSER, GLORIA 1177 BAYSHORE DR # 107 FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLURE, KATHERYN 1177 BAYSHORE DR, #205 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIXON, JAMES 477 BAYSHORE DRIVE SUITE 103 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Gloria Grimsyer* Date: 1-23-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #