

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719464

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** COLONNADES CONDOMINIUM ASSOCIATION NO. 2, INC.

**Current Principal Place of Business:**

1140 BAYSHORE DR  
FT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

1140 BAYSHORE DR  
FT PIERCE, FL 34949

**New Mailing Address:**

FEI Number: 59-1361900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: GRIMYSER, GLORIA  
Address: 1177 BAYSHORE DR #107  
City-St-Zip: FT PIERCE, FL 34949

Title: S  
Name: MCCLURE, KATHERYN  
Address: 1177 BAYSHORE DR #205  
City-St-Zip: FORT PIERCE, FL 34949

Title: P  
Name: NIXON, JAMES  
Address: 1177 BAYSHORE DR #103  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP  
Name: KNECHTEL, OTTO  
Address: 1177 BAYSHORE DR #105  
City-St-Zip: FT PIERCE, FL 34949

Title: D  
Name: BERNETTI, AL  
Address: 1177 BAYSHORE DR #207  
City-St-Zip: FT PIERCE, FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES P. NIXON

P

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date