FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 13 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722438 (9)

1. Corporation Name
COLONIAL CLUB CONDOMINIUM ASSOC. SEC. 2, INC.

Principal Place of Business	Mailing Address
26 COLONIAL CLUB DRIVE BOYNTON BEACH FL 33435	26 COLONIAL CLUB DRIVE BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1972
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1683486 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

FLORIDA PROFESSIONAL BUS. SYS. CO., INC.
1240 S FEDERAL HWY
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	ROBERTI, P.	1.2 NAME		
STREET ADDRESS	4 COLONIAL CLUB DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	DEVUONO, JOSEPH	2.2 NAME		
STREET ADDRESS	24 COLONIAL CLUB DR., #203	2.3 STREET ADDRESS	900001429659	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	-03/15/95--01022--009 ****130.00 ****130.00	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	SEGUINE, EVELYN	3.2 NAME		
STREET ADDRESS	14 COLONIAL CLUB DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, J.	4.2 NAME		
STREET ADDRESS	25 COLONIAL CLUB DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	2nd	☐ Change ☐ Addition
NAME	WRIGHT, DANIEL	5.2 NAME	3-13	
STREET ADDRESS	25 COLONIAL CLUB DR., #200	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D MARCHESE, Joseph	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	~~EISENHARDT, PATRICIA~~	6.2 NAME	MARCHESE, Joseph	
STREET ADDRESS	~~24 COLONIAL CLUB DR., #101~~ 25 Colonial Club DR. #105	6.3 STREET ADDRESS	35 Colonial Club DR. #105	
CITY-ST-ZIP	~~BOYNTON BCH FL~~ Boynton Bch Fl.	6.4 CITY-ST-ZIP	Boynton Bch Fl 33435	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/17/95 407-732-4916
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0040820