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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90007 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722438**

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

Principal Place of Business 26 COLONIAL CLUB DRIVE BOYNTON BEACH FL 33435	Mailing Address 26 COLONIAL CLUB DRIVE BOYNTON BEACH FL 33435
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/13/1972</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1683486</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBERTI, P.	
STREET ADDRESS	4 COLONIAL CLUB DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEVUONO, JOSEPH	
STREET ADDRESS	24 COLONIAL CLUB DR., #203	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SEGUINE, EVELYN	
STREET ADDRESS	14 COLONIAL CLUB DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, J.	
STREET ADDRESS	25 COLONIAL CLUB DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WRIGHT, DANIEL	
STREET ADDRESS	25 COLONIAL CLUB DR., #200	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCHESE, JOSEPH	
STREET ADDRESS	25 COLONIAL CLUB DR., #105	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph Fiorello	
1.3 STREET ADDRESS	2 Colonial Club Drive	
1.4 CITY-ST-ZIP	Boynton Beach, Fl. 33435	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Caron Barr	
2.3 STREET ADDRESS	24 Colonial Club Drive	
2.4 CITY-ST-ZIP	Boynton Beach, Fl. 33435	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Joseph Fiorello Pres. 2/1/99 732-5890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)