

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90176 027 \*\*\*\*61.25

**DOCUMENT # 722438**

1. Entity 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

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

**59-1683486**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/18/01*  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>FIORIELLO, JOSEPH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2 COLONIAL CLUB DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE NAME	<b>D</b> <b>BARR, CARON</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>24 COLONIAL CLUB DR., #203</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE NAME	<b>T</b> <b>SEGUINE, EVELYN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>14 COLONIAL CLUB DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE NAME	<b>D</b> <b>STEWART, J.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>25 COLONIAL CLUB DR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE NAME	<b>V</b> <b>WRIGHT, DANIEL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>25 COLONIAL CLUB DR., #200</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE NAME	<b>D</b> <b>MARCHESE, JOSEPH</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>25 COLONIAL CLUB DR., #105</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33435</b>	

TITLE NAME	<b>P</b> <b>Joseph DeVuono</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>24 Colonial Club Dr # 203</b>	
CITY-ST-ZIP	<b>Boynton Beach FL 33435</b>	
TITLE NAME	<b>V</b> <b>RICHARD MORTON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>17 colonial club Drive # 202</b>	
CITY-ST-ZIP	<b>Boynton Beach FL 33435</b>	
TITLE NAME	<b>S</b> <b>MARGARET ROBERTI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>4 Colonial Club Drive # 304</b>	
CITY-ST-ZIP	<b>Boynton Beach FL 33435</b>	
TITLE NAME	<b>T</b> <b>BRITA PETERSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4 colonial club Drive # 301</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE NAME	<b>D</b> <b>EILEEN JACOBS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2 colonial club Drive # 301</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE NAME	<b>D</b> <b>Katherine Wildemann</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>17 Colonial Club Drive # 100</b>	
CITY-ST-ZIP	<b>Boynton Beach FL 33435</b>	

12. 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 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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/01 (561) 737-6346*  
 Date Daytime Phone #

CR2E037 (10/00)