


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90444 023 ****61.25

DOCUMENT # 722438 1. CORPORATION COLONIAL CLUB CONDOMINIUM ASSOC. SEC. 2, INC.			
26 COLONIAL CLUB DRIVE BOYNTON BEACH, FL 33435		26 COLONIAL CLUB DRIVE BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address BEACON PROPERTY MGMT. INC.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 500 NE SPANISH RIVER BLVD. SUITE #18	
City & State		City & State BOCA RATON, FL	
Zip		Zip 33431	
Country		Country USA	
4. FEI Number 59-1683486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, ERNEST W C/O BEACON PROPERTY MGMT., INC. 500 NE SPANISH RIVER BLVD., #18 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10.		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORELLO, JOSEPH 2 COLONIAL CLUB DRIVE, #200 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLS, NANCY ONE COLONIAL CLUB DRIVE 105 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ROBERTI, MARGARET 4 COLONIAL CLUB DRIVE 304 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE VUONO, JOSEPH 24 COLONIAL CLUB DRIVE, #203 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, EILEEN 2 COLONIAL CLUB DR. # 301 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDEMANN, RENEE 17 COLONIAL CLUB DR. # 100 BOYNTON BCH, FL 33435	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Nancy J. Nichols</i>		4-29-04 561-731-1923	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	