


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90082 046 ****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 BEACON PROPERTY MGMT. INC 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431		
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIS, ERNEST W C/O BEACON PROPERTY MGMT., INC. 500 NE SPANISH RIVER BLVD., #18 BOCA RATON, FL 33431			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. 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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIORIELLO, JOSEPH		NAME	Wildemann Renee	
STREET ADDRESS	2 COLONIAL CLUB DRIVE, #200		STREET ADDRESS	17 colonial club Dr. #100	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, NANCY		NAME	Stewart, Jillian	
STREET ADDRESS	ONE COLONIAL CLUB DRIVE 105		STREET ADDRESS	4 Colonial Club Dr. #104	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTI, MARGARET		NAME		
STREET ADDRESS	4 COLONIAL CLUB DRIVE 304		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VUONO, JOSEPH		NAME		
STREET ADDRESS	24 COLONIAL CLUB DRIVE, #203		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, EILEEN		NAME		
STREET ADDRESS	2 COLONIAL CLUB DR. # 301		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>		3/30/05		561-750-0040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	