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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N06962 DOCUMENT #

(7)

COLONNADES CONDOMINIUM ASSOCIATION OF SANIBEL, I

NC.											
Principal Place of Business Mailing Address								368 JIB1 BII 386(B BIJIB 18118 \$1418 II	DI ÆFUIL DIOLI		DIVIT BIQUE IDA:
419 E. GULF DR. 411			olony resort 19 E. Gulf dr. Anibel Fl. 33957-1015						T-a		
								 Date Incorporated or Qualified 01/04/1985 		e of Last 1/30/19	
- , '	ace of Business	⊢	ng Address					4. FEI Number 59-2051571		- + - +	Applied For Not Applicable
21] Suite, Apt. #	# etc	26 Suite	e, Apt. #, etc.								Additional
22		27						5. Certificate of Status Desired		•	Required
City & State)	City	& State					 Election Campaign Financing Trust Fund Contribution 			D May Be d to Fees
Zip	Country	Žip			intry			8. This corporation has liability for in			199.032,
24	25	29	Anad	30				Florida Statutes 10. Name and Address of New Re	Yes 🔲		
	Name and Address of Curre	nt Registered	Agent		81	Name		TO. Name and Address of New Ne	gistered A	Bein	
EVANS I	LARRY W.				82		Adaisa	s (P.O. Box Number is Not Acceptable	··········		
419 EAST GULF DR.					62	SHOCK.	Self-10 to 6	S (F.O. BOX NOTIDE) IS NOT ACCEPTABLE	,		
SANIBEL	. FL 33957				83						
					84	City			FL	85 Zip) Code
or register	to the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such chai	nge was authoria	zed by the	ove-r corpa	named co oration's	orporati board	on submits this statement for the purp of directors. I hereby accept the appoi	ose of char ntment as	nging its registered	egistered office agent. Lanı
	m, and accept the congations of, sec	8060.11 0 noin	, Florida Statute:	٥.							
	Signature, typed or printed name of registered age:				1 Agen	it signature r	racjonného w	tion renstating	DA*E	si kië ar a	Cocombas
12.		ND DIRECTOR		13.			г	ADDITIONS CHANGES TO OFFIC		D Mil Circ. T Change	Addition
TITLE NAMÉ	PD BAGLEY, CHARLES		DEFELE	11 T					L	_ onange	
STREET ADDRESS	16 ROUNDHILL CT					ADDRESS					
CITY - ST - ZIP	DANVILLE IN				HY-S						
TITLE	SD		DELETE	211		-	TD		<u>,</u>	Change	Addition
NAME	BUTLER, ZENIA			221	IAME			TLER, ZENIA			
STREET ADDRESS	14075 FOOTHILL CIRCLE			239	TREET	ADDRESS		275 F88THILL CIR			
CITY - ST - ZIP	GOLDEN CO		4 05.555			ST-ZIP	VD	LDEN, CO	k	ZObasas	CT Addition
TITLE	TD CHOCK IW		DELETE	3 1 T				ICKEN, J.W.	ע	Change	Addition
NAME	STICKEN, J.W. 1328 CURTISS AVE				IAME Tocci	ADDRESS		28 CURTISS AVE			
STREET ADDRESS CITY-ST-ZIP	AMES IO					ST-ZIP		ES IOWA			
TITLE	VD		DELETE		TILE	31 211	SD			Change	Addition
NAME	RADKE, EUGENE		<i>y</i> , ,	4. 2	NAME			ED, CRAIG			•
STREET ADDRESS	9114 MOCKINGBIRD DRIVE			4.3 5	STREET	ADDRESS		HILLCREST AVE			
CITY - ST - ZIP	SANIBEL FL			4.4 (>IY-S	I · ZIP	CH	ALFONT, PA.			
TITLE	VD		DEFELE	511	TILE		VD]] Change	Addition
NAME	GUINEY, EVELYN				NAME			LLER, S. RUSS			
STREET ADDRESS	216 7TH ST					ADDRESS		6 HARMON BLVD			
CITY-ST-ZIP	LAKE PLACID FL		DELETE			ST-ZIP	DA.	YTON_OHIO		Change	Addition
TITLE			Morreit		INTLE				L		L Addition
NAME					NAME	ADDRESS					
STREET ADDRESS				638	STREET	ADDRESS					

6.4 CITY - ST - ZIP 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)(k), 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 changed, or on an attachment with an address.

CITY-ST-ZIP

EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-96

941 472 5451 Daytine Phone #