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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06962 (7)
1. Corporation Name
COLONNADES CONDOMINIUM ASSOCIATION OF SANIBEL, I NC.



Principal Place of Business COLONY RESORT 419 E. GULF DR. SANIBEL FL 33957-1015	Mailing Address COLONY RESORT 419 E. GULF DR. SANIBEL FL 33957-7201
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country 30
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3. Date Incorporated or Qualified 01/04/1985	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2051571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**EVANS, LARRY W.
419 EAST GULF DR.
SANIBEL FL 33957**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAGLEY, CHARLES	
STREET ADDRESS	16 ROUNDHILL CT	
CITY-ST-ZIP	DANVILLE IN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BUTLER, ZENIA	
STREET ADDRESS	14075 FOOT HILL CIR.	
CITY-ST-ZIP	GOLDEN CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STICKEN J. W.	
STREET ADDRESS	1328 CURTISS AVE.	
CITY-ST-ZIP	AMES IO	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REED, CRAIG	
STREET ADDRESS	93 HILLCREST AVE.	
CITY-ST-ZIP	CHARLFRONT PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELLER, S. RUSS	
STREET ADDRESS	356 HARMON BLVD	
CITY-ST-ZIP	DAYTON OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD SHAND, JAMES
4.3 STREET ADDRESS	2313 FAIRHILL LANE
4.4 CITY-ST-ZIP	DAYTON, OH
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD WELLER, S. RUSS
5.3 STREET ADDRESS	356 HARMON BLVD
5.4 CITY-ST-ZIP	DAYTON, OH
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: Larry W. Evans **LARRY W. EVANS** 3-24-97 (491)472-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058038

CR2E037 (9/96)