


NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N06962 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 33957-1015	

FILED

99 MAR 31 PM 12: 25

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	01/04/1985
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2051571
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30 Country	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

**EVANS, LARRY W.
 419 EAST GULF DR.
 SANIBEL FL 33957**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BAGLEY, CHARLES	1.1 TITLE	
STREET ADDRESS	16 ROUNDHILL CT	1.2 NAME	
CITY-ST-ZIP	DANVILLE IN	1.3 STREET ADDRESS	
TITLE	DT BUTLER, ZENIA	1.4 CITY-ST-ZIP	
STREET ADDRESS	14075 FOOT HILL CIR.	2.1 TITLE	
CITY-ST-ZIP	GOLDEN CO	2.2 NAME	
TITLE	VD STICKEN J. W.	2.3 STREET ADDRESS	
STREET ADDRESS	1328 CURTISS AVE.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	AMES IO	3.1 TITLE	
TITLE	VP REED, CRAIG	3.2 NAME	
STREET ADDRESS	93 E. HILLCREST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHAFFONT PA 18914	3.4 CITY-ST-ZIP	
TITLE	SD RUSS, WALTER S	4.1 TITLE	
STREET ADDRESS	358 NARMON BLVD	4.2 NAME	
CITY-ST-ZIP	DAYTON OH	4.3 STREET ADDRESS	
TITLE	[REDACTED]	4.4 CITY-ST-ZIP	
STREET ADDRESS	[REDACTED]	5.1 TITLE	
CITY-ST-ZIP	[REDACTED]	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	

14. 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 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 of the corporation; that I 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 instrument with an address, and that I am empowered.

SIGNATURE REQUIRED **SIGNATURE REQUIRED** 2/1/99 872-5151

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