

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90212 001 ****30.63

DOCUMENT # N06962

1. Entity Name

COLONNADES CONDOMINIUM ASSOCIATION OF SANIBEL, I

Principal Place of Business

Mailing Address

**COLONY RESORT
 419 E. GULF DR.
 SANIBEL FL 33957-1015**

**COLONY RESORT
 419 E. GULF DR.
 SANIBEL FL 33957-7201**

0 2 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2051571

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BAGLEY, CHARLES**
 STREET ADDRESS **16 ROUNDHILL CT**
 CITY-ST-ZIP **DANVILLE IN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT BUTLER, ZENIA**
 STREET ADDRESS **14075 FOOT HILL CIR.**
 CITY-ST-ZIP **GOLDEN CO**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD STICKEN J. W.**
 STREET ADDRESS **1328 CURTISS AVE.**
 CITY-ST-ZIP **AMES IO**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP REED, CRAIG**
 STREET ADDRESS **93 E. HILLCREST AVE.**
 CITY-ST-ZIP **CHALFONT PA 18914**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD RUSS, WALTER S**
 STREET ADDRESS **356 NARMON BLVD**
 CITY-ST-ZIP **DAYTON OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00
 Date

Daytime Phone #

CR2E037 (9/99)