

2002 UNIFORM BUSINESS REPORT (UBR)

02-13-2002 90345 001 ****30.62
 02-13-2002 90345 002 ****30.62
 N06962

DOCUMENT # N06962

1. Entity Name

**COLONNADES CONDOMINIUM ASSOCIATION OF SANIBEL, I
 NC.**

FILED
 CLERK OF SUPERIOR COURT
 COUNTY OF SANIBEL
 FLORIDA

02 FEB 25 AM 9:42

13193

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2051571** Applied For
 Not Applicable

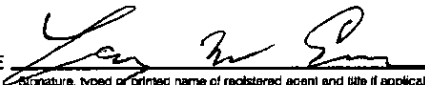
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 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 

(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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAGLEY, CHARLES 16 ROUNDHILL CT DANVILLE IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUTLER, ZENIA 14075 FOOT HILL CIR. GOLDEN CO	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STICKEN J. W. 1328 CURTISS AVE. AMES IO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHAND, JAMES W 2313 FAIRHILL LANE DAYTON OH 45440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSS, WALTER S 356 NARMON BLVD DAYTON OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAROL STRANGE 915 FITZHUGH ST. SANIBEL FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARK RUGGIERO 13390 CORAL DR FORT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHONDA REED 93 HILLCREST AVE. CHALFONT, PA 18914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

Date **1/28/02** Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE