


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90273 001 ***30.62
 03-13-2006 90273 002 ***30.63

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|--|----------------------|--|--|---|--|
| DOCUMENT # N06962 | | | |  | |
| 1. Entity Name COLONNADES CONDOMINIUM ASSOCIATION OF SANIBEL, INC. | | | | | |
| 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 | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 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. 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 | |
| | | | | State 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAGLEY, CHARLES | | NAME | DAN STEEVES | |
| STREET ADDRESS | 16 ROUNDHILL CT | | STREET ADDRESS | 635 LIDDLE LANE | |
| CITY-ST-ZIP | DANVILLE, IN | | CITY-ST-ZIP | CINCINNATI, OH 45215 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete | TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STRANGE, CAROL | | NAME | ZENIA BUTLER | |
| STREET ADDRESS | 915 FITZHUGH ST | | STREET ADDRESS | 5765 POPPY WAY | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | | CITY-ST-ZIP | GOLDEN, CO 80403 | |
| TITLE | PT PRESIDENT | <input type="checkbox"/> Delete | TITLE | SECOND VICE PRES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARTMAN, RICHARD | ← change | NAME | TERRY HUNT | |
| STREET ADDRESS | 665 REHOLDA WOODS CT | | STREET ADDRESS | 214 YOLANDE AVE W.E. | |
| CITY-ST-ZIP | KETTERINA, OH 45429 | | CITY-ST-ZIP | JAMESTOWN NY 14701 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | SHELLY WILSON | |
| STREET ADDRESS | | | STREET ADDRESS | 4003 N. HOLLYRIDGE CIRCLE | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | PEORIA IL 61614 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Larry W. Evans</u> | | LARRY W. EVANS 3-9-06 | | 239-472-5151 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |