


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2051571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEEVES, DAN 635 LIDDLE LN CINCINNATI, OH 45215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, ZENIA 5765 POPPY WY GOLDEN, CO 80403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, RICHARD 665 REHOLDA WOODS CT KETTERINA, OH 45429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HUNT, TERRY 214 YOLANDE AVE. W.E. JAMESTOWN, NY 14701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, SHELLY 4003 N. HOLLY RIDGE CIR PEORIA, IL 61614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Larry W. Evans* **3-19-07** **239-472-5151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #