

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 24, 2007
Secretary of State**

DOCUMENT# N06962

Entity Name: COLONNADES CONDOMINIUM ASSOCIATION OF SANIBEL, INC.**Current Principal Place of Business:**COLONY RESORT
419 E. GULF DR.
SANIBEL, FL 339571015**New Principal Place of Business:****Current Mailing Address:**COLONY RESORT
419 E. GULF DR.
SANIBEL, FL 339571015**New Mailing Address:**

FEI Number: 59-2051571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: VP () Delete
Name: STEEVES, DAN
Address: 635 LIDDLE LN
City-St-Zip: CINCINNATI, OH 45215Title: T () Delete
Name: BUTLER, ZENIA
Address: 5765 POPPY WY
City-St-Zip: GOLDEN, CO 80403Title: P () Delete
Name: HARTMAN, RICHARD
Address: 665 REHOLDA WOODS CT
City-St-Zip: KETTERINA, OH 45429Title: 2VP () Delete
Name: HUNT, TERRY
Address: 214 YOLANDE AVE, W.E.
City-St-Zip: JAMESTOWN, NY 14701Title: S () Delete
Name: WILSON, SHELLY
Address: 4003 N. HOLLY RIDGE CIR
City-St-Zip: PEORIA, IL 61614**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: JACOB, ANDREW
Address: 750 LIDO BLVD. #56-B
City-St-Zip: LIDO BEACH, NY 11561Title: T (X) Change () Addition
Name: HARTMAN, RICHARD
Address: 665 REHOLDA WOODS CT
City-St-Zip: KETTERINA, OH 45429Title: S (X) Change () Addition
Name: HUNT, TERRY
Address: 214 YOLANDE AVE, W.E.
City-St-Zip: JAMESTOWN, NY 14701Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY EVANS

MGR

06/24/2007

Electronic Signature of Signing Officer or Director_____
Date