


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 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 |
|--|--|



03302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

00000083647
04/22/08-80062-017 30.63

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 | P JACOB, ANDREW 750 LIDO BLVD. #56-B LIDO BEACH, NY 11561 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HARTMAN, RICHARD 665 REHOLDA WOODS CT KETTERINA, OH 45429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S 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 | |

**DO NOT WRITE
IN THIS SPACE**

00000083647
04/22/08-80062-018 30.62

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 3/31/08 239-472-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #