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FILED
Aug 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36512
1. Corporation Name
The Colonnade At Park Shore

Principal Place of Business: 265 Airport Road S, Naples, FL 34104
Mailing Address: The Colonnade @ Park Shore, c/o R & P Property Mgt., 265 Airport Road South, Naples FL 34104

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: February 2, 1990
3a. Date of Last Report: 1996
4. FEI Number: 65-0145125
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
R & P Property Mgt
265 Airport Road South
Naples, FL 34104

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Douglas Smith	
STREET ADDRESS	140 Colonnade Circle	
CITY-ST-ZIP	Naples FL 34103	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Alfred Graves	
STREET ADDRESS	269 Colonnade Circle 2802	
CITY-ST-ZIP	Naples FL 34103	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	Paul Lawrence	
STREET ADDRESS	206 Colonnade Circle	
CITY-ST-ZIP	Naples FL 34103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Homer Harmon	
STREET ADDRESS	207 Colonnade Circle	
CITY-ST-ZIP	Naples FL 34103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Michael Kilbourn	
STREET ADDRESS	111 Colonnade Circle	
CITY-ST-ZIP	Naples FL 34103	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	Edward Marsch	
STREET ADDRESS	151 Colonnade Circle	
CITY-ST-ZIP	Naples FL 34103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward A. Marsch DVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (9/96)