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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36512

1. Corporation Name
THE COLONADE AT PARK SHORE OWNERS ASSOCIATION, I NC.

Principal Place of Business 265 AIRPORT ROAD S. NAPLES FL 34104 US	Mailing Address C/O R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/02/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0145125
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

R & P MANAGEMENT ASSOC
265 AIRPORT RD SOUTH
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 34104
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, DOUGLAS	
STREET ADDRESS	140 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALFRED GRAVES	
STREET ADDRESS	269 COLONADE CIRCLE 2802	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARSCH, EDWARD A	
STREET ADDRESS	151 COLONADE CIR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, JOEL	
STREET ADDRESS	103 COLONADE CIR, #104	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LAWRENCE, PAUL	
STREET ADDRESS	206 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KILBOURN, MICHAEL	
STREET ADDRESS	111 COLONADE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES T CONWELL	
1.3 STREET ADDRESS	298 COLONADE CIRCLE	
1.4 CITY-ST-ZIP	NAPLES FL 34103	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTINA KOPCHICK	
2.3 STREET ADDRESS	161 COLONADE CIRCLE	
2.4 CITY-ST-ZIP	NAPLES FL 34103	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PHILIP O'CONNELL	
3.3 STREET ADDRESS	208 COLONADE CIRCLE	
3.4 CITY-ST-ZIP	NAPLES FL 34103	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *James T Conwell* JAMES T CONWELL 4/6/99 (941) 262-6688
Date Daytime Phone #

CR2E037 (1/1/98)