

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719464

FILED
Jun 25, 2009
Secretary of State

Entity Name: COLONNADES CONDOMINIUM ASSOCIATION NO. 2, INC.

Current Principal Place of Business:

1140 BAYSHORE DR
FT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

1140 BAYSHORE DR
FT PIERCE, FL 34949

New Mailing Address:

FEI Number: 59-1361900 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIMYSER, GLORIA
1177 BAYSHORE DR.
107
FT PIERCE, FL 34949 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: P () Delete
Name: GRIMYSER, GLORIA
Address: 1177 BAYSHORE DR #107
City-St-Zip: FT PIERCE, FL 34949

Title: S () Delete
Name: MCCLURE, KATHERYN
Address: 1177 BAYSHORE DR #205
City-St-Zip: FORT PIERCE, FL 34949

Title: T () Delete
Name: NIXON, JAMES
Address: 1177 BAYSHORE DR #103
City-St-Zip: FORT PIERCE, FL 34949

Title: VP () Delete
Name: KNECHTEL, OTTO
Address: 1177 BAYSHORE DR #105
City-St-Zip: FT PIERCE, FL 34949

Title: D () Delete
Name: BERNETTI, AL
Address: 1177 BAYSHORE DR #207
City-St-Zip: FT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GRIMYSER, GLORIA
Address: 1177 BAYSHORE DR #107
City-St-Zip: FT PIERCE, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NIXON, JAMES
Address: 1177 BAYSHORE DR #103
City-St-Zip: FORT PIERCE, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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: JAMES P. NIXON

PRES

06/25/2009

Electronic Signature of Signing Officer or Director

Date