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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90007 042 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 722438**

1. Corporation Name

**COLONIAL CLUB CONDOMINIUM ASSOC. SEC. 2, INC.**

Principal Place of Business

26 COLONIAL CLUB DRIVE  
BOYNTON BEACH FL 33435

Mailing Address

26 COLONIAL CLUB DRIVE  
BOYNTON BEACH FL 33435



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/13/1972

4. FEI Number

59-1683486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FLORIDA PROFESSIONAL BUS. SYS. CO., INC.  
1240 S FEDERAL HWY  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **S**  
NAME **ROBERTI, P.**  
STREET ADDRESS **4 COLONIAL CLUB DR**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **P**  
NAME **DEVUONO, JOSEPH**  
STREET ADDRESS **24 COLONIAL CLUB DR., #203**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **T**  
NAME **SEGUINE, EVELYN**  
STREET ADDRESS **14 COLONIAL CLUB DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D**  
NAME **STEWART, J.**  
STREET ADDRESS **25 COLONIAL CLUB DR**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **V**  
NAME **WRIGHT, DANIEL**  
STREET ADDRESS **25 COLONIAL CLUB DR., #200**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D**  
NAME **MARCHESE, JOSEPH**  
STREET ADDRESS **25 COLONIAL CLUB DR., #105**  
CITY-ST-ZIP **BOYNTON BCH FL 33435**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
1.2 NAME **Joseph Fiorello**  
1.3 STREET ADDRESS **2 Colonial Club Drive**  
1.4 CITY-ST-ZIP **Boynton Beach, Fl. 33435**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
2.2 NAME **Caron Barr**  
2.3 STREET ADDRESS **24 Colonial Club Drive**  
2.4 CITY-ST-ZIP **Boynton Beach, Fl. 33435**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Joseph Fiorello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)