2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #722438



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90444 023 ****61.25

COLONIA	AL CLUB	CONDOMINIUM A	.SSOC. SEC.	2, INC.								
26 COLONIAL CLUB DRIVE 26 (o convolución do 26 Colonial Boynton Be	CLUB DRIVE				 				
2. Principal Place of Business 3. Ma BEAC			3. Mailing Addr BEACON F	B. Mailing Address EACON PROPERTY MGMT. I			NC.					
Suite, Apt. #, etc. 500 ^S		500 ^{Suite} Apt.	OO NE SPANISH RIVER BI			V 192062004	Chg-NP	CR2E0	37 (10/03)			
City & State			City & State City & State OCA · RATON , FL			4. Fet Number 59-1683486			─	pplied For lot Applicable		
Zip			Zip 33431	Zip Co 33431 U		5, Certificate of		of Status Desired		\$8.75 Ac Fee Require		
6. Name and Address of Current Register			Registered Agent		7200	-	7. Name and	Address of New R	legistered	Agent		
WILLIS, ERNEST W C/O BEACON PROPORTY MGMT., INC. 500 NE SPANISH RIVER BLVD., #18						0.0.0,0,						
BOCA RA												
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	named entity ions of regist	y submits this statement for ered agent.	the purpose of ch	anging its reg	pistered office or	register	ed agent, or both	, in the State of Flo	orida. I am	familiar with	i, and accept	
SIGNATURE .		or printed name of registered agent a	and title if applicable.	(NOTE: Re	gistered Agent signatu	ne required	when reinstating)		DATE			
	-44()											
	Filing Fe	e is \$61.25 lay 1, 2004		9099 (DB	mpapacomee mpapacomee		\$5.00 May Be Added to Fees			k payable rtment of S		
10.	Filing Fe Due by N	· · · · · · · · · · · · · · · · · · ·	00000	000000000000000000000000000000000000000			Added to Fees		ida Depa	rtment of S	State D(DO)	
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12. 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 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:

MALLAY DE DUNALO
SIGNATURE AND THE DE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR