

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90123 011 *****61.25

DOCUMENT # 722438

1. Entity 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**

11011390



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1683486**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS, ERNEST W
C/O BEACON PROPERTY MGMT., INC.
500 NE SPANISH RIVER BLVD., #18
BOCA RATON FL 33431**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	IORELLO, JOSEPH	
STREET ADDRESS	2 COLONIAL CLUB DRIVE, #200	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MORTON, RICHARD	
STREET ADDRESS	17 COLONIAL CLUB DR. # 202	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTI, MARGARET	
STREET ADDRESS	4 COLONIAL CLUB DR. # 304	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DE VUONO, JOSEPH	
STREET ADDRESS	24 COLONIAL CLUB DRIVE, #203	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, EILEEN	
STREET ADDRESS	2 COLONIAL CLUB DR. # 301	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDEMANN, RENEE	
STREET ADDRESS	17 COLONIAL CLUB DR. # 100	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nichols, Nancy	
STREET ADDRESS	One Colonial Club Drive #105	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberti, Margaret	
STREET ADDRESS	4 Colonial Club Drive #304	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Gillian	
STREET ADDRESS	4 Colonial Club Drive #104	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Nancy J Nichols* **NANCY J NICHOLS 4-21-03 561-731-0923**

CR2E037 (10/02)