FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

(4)

L39663 **DOCUMENT #**

COLONIAL SQUARE REALTY, INC.

Principal Place of Business

Mailing Address

1020 GOODLETTE ROAD. SUITE 200 NAPLES FL 33940

1020 GOODLETTE ROAD. SUITE 200 NAPLES FL 33940



						3. Date Incorporated or Qualified 12/22/1989 3a. Date of Last Report 01/20/1995					
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4.	FEI Number		-T	Applied For	
21		26	[26]				65-0163899			Not Applicable	
Suite, Apt. #, etc.		Suite: Apt. #, etc. 27				5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State)	City & State	City & State			6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Country					intagnible ta				
24	25	Ζφ 29	- h- 1	30			This corporation has lability for intangible tax under s 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent				10. Name and Address of New Regis					lgent		
			****** * * ***** **	81	Name			<u></u>	.=		
OLSON, CLIFFORD A.					62 Street Address (P.O. Box Number is Not Acceptable)						
1020 GOODLETTE ROAD SUITE 200					Street Add	Street Address (P.O. Box Number is Not Acceptable)					
					3						
NAPLES FL 33940				ļ							
				84	City			FL	65 Zi	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature togetor participancy agent and the diagnostic. INSTE. Registered Agent is plant to approximately agent and the diagnostic. INSTE. Registered Agent is plant to approximately agent and the diagnostic.											
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OF		DIRE.CTC	ORS IN 12	
11'LE	P	☐ DELFIE	1 1 1	ITLE					Change	Addition	
NAME	OLSON, CLIFFORD A.		1.2 NAME					-	-		
STREET ADDRESS	2079 54TH TERRACE S.W.				ADDRESS	SS :					
CITY-S1-ZIP	NAPLES FL				1 - ZiP						
TITLE		211			☐ Change ☐ Addilio			Addition			
NAME			22 N	AME				_			
STREET ADDRESS	ADDRESS			IREET	ADDRESS						
CITY-ST-ZIP		2 4 C									
TITLE	DELETE			:TLE					Change	Addition	
NAME				AME				_	-		
STREET ADDRESS			3 3 S	TREET	LADORESS						
CHY-ST ZIP			3 4 C	IY-S	T - ZIE						
†·TLE	☐ DELFI€			4 1 THE					Change	Addition	
NAME			4.2 h	AME							
STREET ADDRESS			435	HEET	ADDRESS						
City-St ZiP				4.4.CITY+ST+ZIP							
T-TLE	DELETE			5 1 TiTLE					Change	☐ Addition	
NAME			5 2 h	AME							
STREET ADDRESS			538	THEET	ADDRESS						
CITY - ST - ZIP	54			4 CITY - ST - ZIP							
TITLE		DELETE							Change	Addition	
NAME			6 2 N	AME.	İ						
STREET ADDRESS			635	ra: FT	ADDRESS						
CITY - ST - ZIP				64 CHY ST-ZIP							
44 Lda barab	a poet for that the information of reals	distribution from the estimates for	and a large of a second	d = = :		4 - 4	a constant a constant a Constant 4 C	0.740-43-51			

roundereby certify that the information suppred with this lifting is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicated on his acrual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if engineed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SACHING OFFICER OR DIRECTOR

4-29-56 9412612627