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FILED
May 30, 2002 8:00 am
Secretary of State
05-01-2002 91565 024 ****61.25

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

32764

DOCUMENT # N00000003082

1. Entity Name
THE COLONIAL BUILDING 3 OF NAPLES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1112 GOODLETTE ROAD	C/O COLONIAL SQUARE REALTY
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 10608
City & State NAPLES FL	City & State NAPLES FL
Zip 34102 Country U.S.	Zip 34101 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647492 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name THOMAS R. BROWN

Street Address (P.O. Box Number is Not Acceptable) 2660 AIRPORT RD. S.

City NAPLES FL Zip Code 34112

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D CLIFFORD A. OLSON 1164 GOODLETTE RD. NAPLES, FL 34102
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D CAROL COOK 1112 GOODLETTE RD. STE. 202 NAPLES FL 34102
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	D ROBERT LANDY P.H.D 1112 GOODLETTE RD. STE. 203 NAPLES FL 34102
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CLIFFORD OLSON 4-17-02 239-261-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #