

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90038 020 ****61.25

DOCUMENT # N00000003082
 1. Entity Name
THE COLONIAL BUILDING 3 OF NAPLES ASSOCIATION, INC.



Principal Place of Business
 1112 GOODLETTE ROAD
 NAPLES, FL 34102

Mailing Address
 C/O COLONIAL SQUARE REALTY
 PO BOX 10608
 NAPLES, FL 34101

94058481



02262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BROWN, THOMAS R
 2660 AIRPORT ROAD SOUTH
 NAPLES, FL 34112

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, CLIFFORD 1164 GOODLETTE ROAD NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, CAROL 1112 GOODLETTE ROAD, STE 202 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDY, ROBERT PHD 1112 GOODLETTE ROAD, STE 102 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Clifford Olson **CLIFFORD OLSON** 4-7-04 279-261-2627
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #