

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004513

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** THE COLONNADE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2333 PONCE DE LEON BLVD.  
SUITE R-210  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2333 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2333 PONCE DE LEON BLVD.  
SUITE R-210  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0336471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MINNICK, ADAM  
Address: 1050 17TH STREET, SUITE 1200  
City-St-Zip: DENVER, CO 80265

Title: VPD  
Name: WINANS, JASON  
Address: 13241 WOODLAND PARK ROAD, SUITE 600  
City-St-Zip: HERNDON, VA 20171

Title: SD  
Name: HERNANDEZ-BOROT, RENEE  
Address: 2333 PONCE DE LEON BLVD., SUITE R210  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD  
Name: MONAHAN, DAN  
Address: 3340 PLAYERS CLUB PARKWAY, SUITE 200  
City-St-Zip: MEMPHIS, TN 38125

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RENEE HERNANDEZ-BOROT

SD

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date