

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 20, 2005  
Secretary of State**

DOCUMENT# N02000001085

Entity Name: COLONNADE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5117 CASTELLO DRIVE, SUITE 2  
NAPLES, FL 34103

**New Principal Place of Business:**

C/O COLONIAL SQUARE REALTY, INC.  
1164 GOODLETTE ROAD  
NAPLES, FL 34102

**Current Mailing Address:**

5117 CASTELLO DRIVE, SUITE 2  
NAPLES, FL 34103

**New Mailing Address:**

C/O COLONIAL SQUARE REALTY  
P.O. BOX 10608  
NAPLES, FL 34101

FEI Number: 76-0715513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MURRAY, PAUL A  
5667 NAPLES BLVD  
NAPLES, FL 34109      US

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

OLSON, CLIFFORD A  
P.O. BOX 10608  
NAPLES, FL 34101      US

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: CLIFFORD A. OLSON      01/20/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KYRITSIS, ATHINA  
Address: 9240 BONITA BEACH ROAD, SUITE 2206  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D      ( ) Delete  
Name: GREKOS, ZANNOS  
Address: 9240 BONITA BEACH ROAD, SUITE 2206  
City-St-Zip: BONITA SPRINGS, FL 34135

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: MURRAY, PAUL PRES  
Address: 227 SILVERADO DRIVE  
City-St-Zip: NAPLES, FL 34119 US

Title: D      (X) Change ( ) Addition  
Name: GLOGAU, KURT VP  
Address: 4722 NAVASSA LANE  
City-St-Zip: NAPLES, FL 34119 US

Title: D      ( ) Change (X) Addition  
Name: ZAMPELL, MARC ST  
Address: 4951 TAMIAMI TR. #11  
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KURT GLOGAU      D      01/20/2005  
Electronic Signature of Signing Officer or Director      Date